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DOC # 0738902  
03/03/2009 01:04 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
GEORGE KEELE

APN: 1220-16-310-032

When recorded, mail to:  
George M. Keele  
✓ 1692 County Road, #A  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0309 PG- 522 RPTT: 0.00



**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

I, GEORGINA MEURRENS, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am GEORGINA MEURRENS, the same person named as GEORGINA MEURRENS, one of the grantees named in that certain Grant, Bargain, Sale Deed recorded July 14, 2000, as Document No. 495773 in Book 700, Page 2019, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 1277 Redwood Circle, No. 32, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

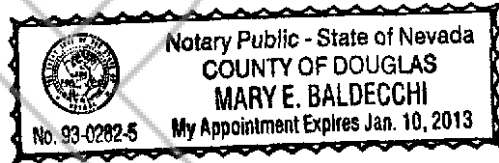
Lot 32, in Building D, as set forth on the map of SEQUOIA VILLAGE TOWNHOUSE-1, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 14, 1979, as Document No. 38712, and as corrected by Certificate of Amendment recorded July 15, 1980, as Document No. 46136.

3. WILLIAM L. MEURRENS, also one of the grantees named in said deed, is the identical WILLIAM LEWIS MEURRENS named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on December 11, 2008, in Carson City, Nevada.

Georgia Meurrens  
GEORGINA MEURRENS

SIGNED AND SWORN TO (or affirmed)  
before me on March 3, 2009,  
by GEORGINA MEURRENS.

Mary E. Baldecchi  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2008018944**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Lewis MEURENS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 11, 2008</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e.If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 11, 1925</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Canada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Georgina Campbell BELL</b>	
13. SOCIAL SECURITY NUMBER <b>1345</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Air Craft Builder</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Air Craft</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>681 Joette Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Ena GRANGER</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Ena GRANGER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Georgina MEURENS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>681 Joette Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>JOSE ALFREDO AGUIRRE MD</b>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>December 22, 2008</b>		21c. HOUR OF DEATH <b>17:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Trevor Phan</b>		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Alfredo Aguirre MD, 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11479</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 26, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Sepsis</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Pseudomembranous Colitis</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

564296

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BK- 0309  
PG- 524

VRS Rev. 2008T

253336 CERTIFIED COPY OF VITAL RECORDS

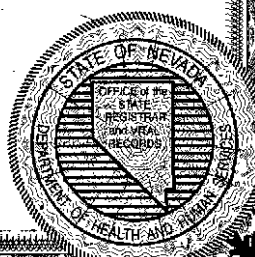
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JAN 27 2009**

*Rd White*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PRNCO (REV) 1/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE