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APN: 1220-16-310-031

DOC # 0738903  
03/03/2009 01:04 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
GEORGE KEELE

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- 525 RPIT: 0.00



**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

I, GEORGINA MEURENS, 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 MEURENS, the same person named as GEORGINA MEURENS, one of the grantees named in that certain Grant, Bargain, Sale Deed recorded July 14, 2000, as Document No. 495781 in Book 700, Page 2052, 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. 31, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 31, 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.

Georgina 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	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) William Lewis MEURENS		2. DATE OF DEATH (Mo/Day/Year) December 11, 2008		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) August 11, 1925		9a. STATE OF BIRTH (if not U.S.A. name country) Canada		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Georgina Campbell BELL	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED] 1345		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Air Craft Builder		14b. KIND OF BUSINESS OR INDUSTRY Air Craft	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
POSITION	15d. STREET AND NUMBER 381 Joette Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Ena GRANGER	
	17. MOTHER - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print) Georgina MEURENS			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 681 Joette Drive Gardnerville, Nevada 89460		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory	
	19c. LOCATION City or Town State Carson City Nevada 89701		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title) JOSE ALFREDO AGUIRRE MD SIGNATURE AUTHENTICATED		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) December 22, 2008		21c. HOUR OF DEATH 17:55		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Trevor Phan		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV. 89703		23b. LICENSE NUMBER 11479	
CAUSE OF DEATH	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE PART I (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (b) Pseudomembranous Colitis DUE TO, OR AS A CONSEQUENCE OF: (c) (d)		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	Interval between onset and death		Interval between onset and death		Interval between onset and death	
	Interval between onset and death		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
PART II		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

564295

0738903 Page: 3 of 3 03/03/2009

BK- 0309  
PG- 527

VRS-Rev-2008T

253335 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**

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

PBNC0 (Rev.) 11/06

*Rid White*  
STATE REGISTRAR

