

APN: 1220-21-710-240

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- 528 RPTT: 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 and Sale Deed recorded October 21, 1996, as Document No. 399196 in Book 1096, Page 3640, 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 681 Joette Drive, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

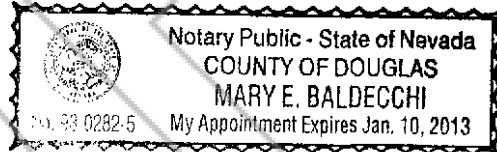
LOT 63, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.

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) 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 DDA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		6. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
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) Georgia Campbell BELL	
13. SOCIAL SECURITY NUMBER 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	
15d. STREET AND NUMBER 681 Joette Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix)	
17. MOTHER - NAME (First Middle Last Suffix) Ena GRANGER		18a. INFORMANT- NAME (Type or Print) Georgina MEURENS		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		20b. FUNERAL DIRECTOR LICENSE 217		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		21b. DATE SIGNED (Mo/Day/Yr) December 22, 2008		21c. HOUR OF DEATH 17:55	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Trevor Phan		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)		22b. DATE SIGNED (Mo/Day/Yr)	
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		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH	
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 (ENTER ONLY ONE CAUSE PER-LINE FOR (a), (b), AND (c).)	
PART I		(a) Sepsis		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Pseudomembranous Colitis				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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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VRS-Rev-2008T

248255 CERTIFIED COPY OF VITAL RECORDS

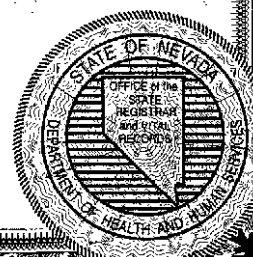
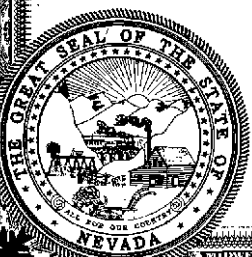
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **12/26/2008**

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

PHINCO (REV) 1/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE