

DOC # 741125
04/09/2009 01:58PM Deputy: GB
OFFICIAL RECORD
Requested By:
WESTERN TITLE INC RIDGE
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-409 PG-2437 RPTT: 0.00



APN# : 1420-07-715-005

Recording Requested By:
Western Title Company, Inc.

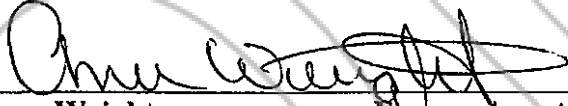
023962- LMS
When Recorded Mail To:
Alfred Sheehan
9604 Parkview Ct.
Carson City, NV
89705

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature _____


Anu Wright Escrow Agent

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Alfred Sheehan, of legal age, being first duly sworn, deposes and says:

That Regina Weimer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Regina Weimer named as one of the parties in that certain Corporation Grant Deed dated 2/21/2001 executed by H & S Constructions, Inc. a Nevada Corporation to Hermann Weimer and Regina Weimer, husband and wife as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 0509096, on 2/21/2001, in Book0201, Page 4035, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 82 in Block M as set forth on the Final Map of SUNRIDGE HEIGHTS, PHASE 6A & 8A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document No. 361213 and by Certificate of Amendment recorded May 17, 1995, in Book 595, Page 2588, as Document No. 362268 and by Certificate of Amendment recorded August 17, 1995, in Book 895, at Page 816, as Document No. 367680.



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Dated 4/9/09

Alfred E. Sheehan
Alfred Sheehan, as appointed Personal Representative
of the Estate of Herman Eugene Weimer


STATE OF NEVADA }SS

COUNTY OF Carson City

This instrument was acknowledged before me on
April 9, 2009

by Alfred Sheehan

Anu Wright
Notary Public

 ANU WRIGHT
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-80889-5 - Expires March 20, 2011



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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2006014054

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 Regina			1b. MIDDLE WEIMER			1c. LAST WEIMER			2. DATE OF DEATH (Mo/Day/Year) August 06, 2006			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) Mountain View Evergreen				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Female			
5 RACE- (e.g., White, Black, American Indian) (Specify) White		6 Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc Non-hispanic		7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 16, 1921				
9a. STATE OF BIRTH (If not U.S.A., name country) Romania			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 08			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (If wife, give maiden name) Hermann W WEIMER		
13 SOCIAL SECURITY NUMBER [REDACTED] 5353				14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Seweing Machine Operator				14b KIND OF BUSINESS OR INDUSTRY Clothing						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 962 Parkview Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER - NAME (First Middle Last Suffix)						17. MOTHER - NAME (First Middle Last Suffix)								
18a. INFORMANT - NAME (Type or Print) Hermann WEIMER						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 962 Parkview Court Carson City, Nevada 89705								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory				19c. LOCATION City or Town State Carson City Nevada 89706						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMMY DERMODY SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 09		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706								
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) LAURENCE GEORGE GAY M.D. 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) August 09, 2006				21c. HOUR OF DEATH 09:30				22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)														
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) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871										23b. LICENSE NUMBER 5152				
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 11, 2006			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) Cardiac Arrest						Interval between onset and death Seconds								
DUE TO, OR AS A CONSEQUENCE OF:														
(b) Dehydration						Interval between onset and death Days								
DUE TO, OR AS A CONSEQUENCE OF:														
(c) Anorexia						Interval between onset and death Weeks								
PART II														
OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I End State Dementia														
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



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VRS-Rev-5/20

241972 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: **NOV 13 2008**

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

Mike Neumann
STATE REGISTRAR

