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DOC # 0752060
10/09/2009 11:58 AM Deputy: GB
OFFICIAL RECORD
Requested By:
EUNICE HENNING

A.P.N. 1420-33-610-045

Douglas County - NV
Karen Ellison - Recorder

RECORDING REQUESTED BY:

Page: 1 Of 2 Fee: 15.00
BK-1009 PG- 2130 RPTT: 0.00



AND WHEN RECORDED, MAIL TO:

✓ Eunice M. Henning
1399 Cathy Lane
Minden, NV 89423

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Eunice M. Henning, of legal age, being duly sworn, deposes and says

That Robert Bruce Henning, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Robert B. Henning named as one of the parties in that certain Grant Deed dated April 7, 1986, executed by Juanita A. Chalmers to Robert B. Henning and Eunice M. Henning as joint tenants, recorded as Instrument No. 133256, on April 10, 1986, in Book 486, Page 951, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 20, Block 4, as set forth on the map of Mountain View Estates No. 2, filed for record October 24, 1979, Book 1079, Page 1962, Document No. 38123, Official Records of Douglas County, State of Nevada.

Dated: October 9, 2009

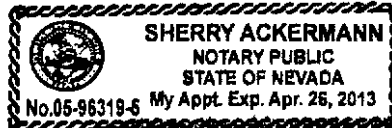
Eunice M. Henning

STATE OF NEVADA)
COUNTY OF DOUGLAS)

SS.

On October 9, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Eunice M. Henning known to me to be the person whose name subscribed to the within instrument and acknowledge that executed the same.

Signature
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008003120
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) Robert Bruce HENNING		2. DATE OF DEATH (Mo/Day/Year) March 20, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1399 Cathy Lane		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient(Specify)	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 10, 1920		9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Eunice M HAYNES	
13. SOCIAL SECURITY NUMBER 8301		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Road Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1399 Cathy Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Walter HENNING			17. MOTHER - NAME (First Middle Last Suffix) Emma APPLEBY		
18a. INFORMANT- NAME (Type or Print) Eunice M HENNING			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1399 Cathy Lane Minden, Nevada 89423		
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) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
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) ANTHONY C. FIELD 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) March 25, 2008		21c. HOUR OF DEATH 13:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Anthony C. Field M.D. 412 W John Street Carson City, NV 89703		23b. LICENSE NUMBER 3339	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 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				Interval between onset and death	
(a) Refractory congestive heart failure				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Ischemic cardiomyopathy				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Coronary artery disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				28. AUTOPSY (Specify Yes or No) NO	
Chronic lung disease, hypertension, renal insufficiency, diabetes				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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



0752060 Page: 2 Of 2 10/09/2009

BK- 1009
PG- 2131

VRS-Rev-2008I

202236 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: 03/27/2008

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

Rod White
SIGNATURE AUTHENTICATED

