

OFFICIAL RECORD

Requested By:

LESLIE BUSSE

APN#: 1220-16-710-038

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00

BK-1211 PG- 3479 RPTT: 0.00



Recording Requested By:

When Recorded Mail To:

Leslie A. Busse  
1350 Ritter Drive  
Gardnerville, NV  
89460

Mail Tax Statements to: (deeds only)

Same as Above

(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

*Leslie A. Busse*

Leslie A. Busse

Owner

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**

Leslie A. Busse, of legal age, being first duly sworn, deposes and says:

That Thomas E. Busse, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas E. Busse named as one of the parties in that certain Grant, Bargain and Sale Deed dated 12/04/1986 executed by Adminrator of Veterans' Affairs, an Officer of the United States of America to Thomas E. Busse and Leslie A. Busse, Husband and Wife, as joint tenants, recorded as instrument No. 146550, on 12/11/1986, in Book 1286, Page 1427, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain lot, piece or parcel of land situate in Douglas County, State of Nevada, described as follows:

Lot 9, Block B, as shown on the map of Gardnerville Ranchos Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$0.00.

Dated 11/27/11


Leslie A. Busse  
Leslie A. Busse, Surviving Joint Tenant

STATE OF NEVADA )  
COUNTY OF Douglas )SS

This instrument was acknowledged before me on November 27, 2011.

By Leslie A. Busse.

Anu Wright  
Notary Public

 ANU WRIGHT  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-80889-5 - Expires March 20, 2015

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

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

2010016103  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Thomas Edward <b>BUSSE</b>		2. DATE OF DEATH (Mo/Day/Year) October 23, 2010		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION (Name (if not either, give street and number) 1350 Ritter Drive		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
DECEDENT	6. RACE (Specify) White		7a. AGE - Last birthday (Years) 55		8. DATE OF BIRTH (Mo/Day/Yr) November 12, 1954	
	9a. STATE OF BIRTH (If not U.S.A., name country) Tennessee		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 3986		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Slot Supervisor/mechanic		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
PARENTS	16. FATHER - NAME (First Middle Last Suffix) James A BUSSE		17. MOTHER - NAME (First Middle Last Suffix) Vicie ROUT			
	18a. INFORMANT - NAME (Type or Print) Leslie BUSSE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1350 Ritter Drive Gardnerville, Nevada 89460			
DISPOSITION	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) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	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>KELLE BROGAN M.D.</b> 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) October 27, 2010		21c. HOUR OF DEATH 15:00		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)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Brogan M.D., 429 Elm Street Reno, NV 89503		23b. LICENSE NUMBER 6000			
REGISTRAR	24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 28, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) NO	
	PART I (a) Acute Myelogenous Leukemia DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(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) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
	PART II				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		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		

STATE REGISTRAR

BK- 1211  
PG- 3482  
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VR9-Rev. 20100216

358721

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: 11/02/2010

*R. D. [Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

