

Doc Number: **0848965**

09/03/2014 09:24 AM

OFFICIAL RECORDS

Requested By:  
**JOSEPH W. TILLSON**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00

Bk: 0914 Pg: 433



Deputy: ar

Document Transfer Tax \$0  
Assessor's Parcel No. 1318-23-810-107

WHEN RECORDED AND  
MAIL TAX STATEMENTS TO:

✓ Ann B. Harmon  
P.O. Box 3539  
Stateline, NV 89449

**AFFIDAVIT--DEATH OF JOINT TENANT**

ANN B. HARMON, of legal age, being first duly sworn, deposes and says:

That BENJAMIN J. LEHMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 18, 1997, executed by BEN J. LEHMAN, a married man who acquired title as ADMIRAL BEN J. LEHMAN, surviving joint tenant, to BEN J. LEHMAN AND ANN B. HARMON, HUSBAND AND WIFE, as Joint Tenants with right of survivorship, recorded on March 24, 1997, as Instrument Number 0409006 at Book 0397 Page 3700-3702, of Official Records of Douglas County, Nevada, covering the described property situated in the County of Douglas, State of Nevada as follows:

See Exhibit "A" - Legal Description attached hereto and made a part hereof

ANN B. HARMON

STATE OF CALIFORNIA )  
COUNTY OF EL DORADO )

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 5<sup>th</sup> day of June, 2014, by ANN B. HARMON proved to me on the basis of satisfactory evidence to be the person who appeared before me.



**EXHIBIT "A"  
LEGAL DESCRIPTION**

THE LAND REFERRED TO HEREIN IS SITUATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, DESCRIBED AS FOLLOWS:

LOT 8, BLOCK F, AS SHOWN ON THE OFFICIAL MAP OF KINGSBURY MEADOWS SUBDIVISION, RECORDED IN THE OFFICE OF THE COUNTY RECORDER ON JULY 5, 1955, IN BOOK 1 OF MAPS AS DOCUMENT NO. 10542.

EXCEPTING AND RESERVING THEREFROM AN EASEMENT FOR JOINT DRIVEWAY PURPOSES 10 FEET IN WIDTH, OVER AND ABOVE THAT EXISTING ROADWAY, FOR THE BENEFIT OF AND APPURTENANT TO LOTS 9, 10 AND 11 OF BLOCK F OF KINGSBURY MEADOWS SUBDIVISION, FILED AS DOCUMENT NO. 10542 IN THE RECORDS OF OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY ON JULY 5, 1955.

TOGETHER WITH AN EASEMENT OVER LOTS 6 AND 7 OF BLOCK F OF KINGSBURY MEADOWS SUBDIVISION, FILED AS DOCUMENT NO. 10542 IN THE RECORDS OF THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY ON JULY 5, 1955 FOR JOINT DRIVEWAY PURPOSES, 10 FEET IN WIDTH, OVER, ACROSS AND UNDER THAT CERTAIN EXISTING ROADWAY.

AND AN EASEMENT FOR ACCESS AND VEHICULAR PARKING PURPOSES OVER LOT 7 OF KINGSBURY MEADOWS SUBDIVISION, FILED AS DOCUMENT NO. 10542 IN THE RECORDS OF THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY ON JULY 5, 1955, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE SOUTH LINE OF SAID LOT 7 WHICH BEARS SOUTH 89° 48' 36" WEST 68.0 FEET FROM THE SOUTHEAST CORNER OF SAID LOT 7; THENCE FROM SAID POINT ALONG SAID SOUTH LINE SOUTH 89° 48' 36" WEST 23.0 FEET; THENCE ALONG AN EXISTING PAVED ROADWAY NORTH 31° 01' 42" EAST 77.18 FEET TO A POINT ON THE NORTH LINE OF SAID LOT 7; THENCE ALONG SAID NORTH LINE NORTH 89° 48' 36" EAST 16.0 FEET; THENCE ALONG AN EXISTING PAVED ROADWAY SOUTH 26° 22' 30" WEST 73.79 FEET TO THE POINT OF BEGINNING.

ALSO BEGINNING AT A POINT ON THE NORTH LINE OF SAID LOT 7 WHICH BEARS NORTH 89° 48' 36" EAST 25.0 FEET FROM THE NORTHWEST CORNER OF SAID LOT 7; THENCE ALONG SAID NORTH LINE NORTH 89° 48' 36" EAST 56.0 FEET; THENCE SOUTH 40° WEST 13.0 FEET THENCE SOUTH 57° WEST 45.0 FEET; THENCE NORTH 40° 27' 48" WEST 11.07 FEET; THENCE NORTH 06° 00' WEST 26.0 FEET TO THE TRUE POINT OF BEGINNING.

THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AT DOCUMENT NUMBER 0409006 BOOK 397 PAGE 3700 ON MARCH 24, 1997.

APN: 1318-23-810-107

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

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

**CERTIFICATE OF DEATH**

2013007366  
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) <b>Benjamin J LEHMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 18, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Statlaine</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>169 Juniper Drive</b>		3e. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR <b>MOS</b>	
5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 01, 1922</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>18</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Marjorie Ann BROWN</b>	
13. SOCIAL SECURITY NUMBER <b>5857</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Retired Rear Admiral</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>U S Navy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Statlaine</b>	
15d. STREET AND NUMBER <b>169 Juniper Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		15f. EVER IN US Armed Forces? Yes <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Herman Leonard LEHMAN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ethel SCHWARTZ</b>		
18a. INFORMANT - NAME (Type or Print) <b>Ann B HARMON</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P O Box 3536 Statlaine, Nevada 89449</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Funeral Home 3545 Palmdale Dr Carson City NV 89701</b>	
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>ALLISON STEINMETZ M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>May 02, 2013</b>		21c. HOUR OF DEATH <b>08:45</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Cooper, Gary</b>		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) <b>ALLISON STEINMETZ M.D. 1090 3rd Street South Lake Tahoe, CA 96150</b>				23b. LICENSE NUMBER <b>14230</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 03, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				<b>5 Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Renal Failure</b>				<b>1 Month</b>	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) _____				Interval between onset and death	
(d) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Chronic Obstructive Pulmonary Disease, Ischemic Heart Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>				28a. ACC., SUICIDE, HOME, 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

370308



BK : 09 14  
PG : 435  
9/3/20 14

VRS-Rev-20120523a



4/30/2013  
**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: **05/09/2013**

STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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

