

APN # 1220-04-512-023

Recording Requested By:  
**and**  
When Recorded Return to  
And mail Tax Statements to::  
David G. Ruby  
P.O. Box 1196  
Minden, NV 89423



KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT DEATH OF JOINT TENANT**

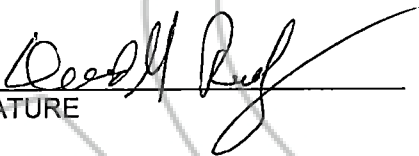
(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

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 as required by law: NRS 440.380 (state specific law).

  
\_\_\_\_\_  
SIGNATURE  
  
David G. Ruby  
\_\_\_\_\_  
Print Signature

\_\_\_\_\_  
Individual  
TITLE

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1220-04-512-023

When Recorded Return to:

David G. Ruby  
P.O. Box 1196  
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF CARSON CITY

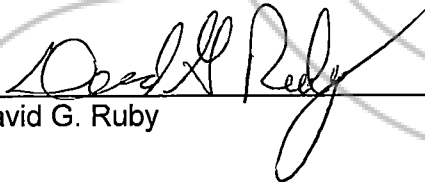
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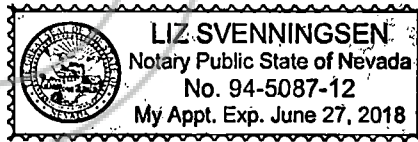
David G. Ruby, of legal age, being duly sworn, deposes and says

That Helen M. Ruby and Ruth Lorraine Sherman the decedents mentioned in the attached certified copies of the Certificates of Death, are the same persons as Helen M. Ruby and Ruth L. Sherman named as two of the parties in that certain Joint Tenancy Deed dated December 12, 1989 executed by Robert Jean Lekumberry and Susan Lekumberry and Jean Lekumberry to David G. Ruby, Helen M. Ruby and Ruth L. Sherman as joint tenants, recorded as Instrument No. 216680, on December 18, 1989 in Book 1289 Page 1893 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 4, as shown on the official Final Map of Carson Valley Estates Subdivision, Unit No. 2, recorded in the office of the County Recorder on December 23, 1970, as Document No. 50685, in Book 1 of Maps, Douglas County, Nevada records.

Dated: March 21, 2017

  
\_\_\_\_\_  
David G. Ruby



SUBSCRIBED AND SWORN TO before me on this 21<sup>st</sup> day of March, 2017.

  
\_\_\_\_\_  
NOTARY PUBLIC

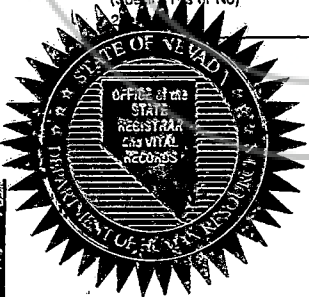
SPACE BELOW FOR RECORDER

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER		
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH	
1. Helen M. RUBY		2. September 15, 2000	3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	if Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) SEX	
3b. Carson City		3c. Carson-Tahoe Hospital	3e. Inpatient 4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS UNDER 1 DAY HOURS : MINS DATE OF BIRTH (Mo., Day, Yr.)	
5. White	6.	7a. 78	7b. 7c. 8. March 23, 1922	
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
9a. California	9b. U.S.A.	10. 12	11. Widowed	12.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY		
13. -2836	14a. Homemaker	14b. Own Home		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1343 Toiyabe	15e. Yes
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
16. Harry Austin		17. Ethel Patten		
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. David G. Ruby - Son		18b. P. O. Box 1196, Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION	City or Town State	
19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		
21b. 9/15/00		22b. 0530		
HOUR OF DEATH		HOUR OF DEATH		
21c. 0530		22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.		22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		
23a. Andrea K. Weed, D.O., 1001 N. Mountain, Carson City, Nevada		23b. DO675		
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a. <i>[Signature]</i>	24b. Sept. 15, 2000	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
PART I (a) Intracerebral bleeding DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(b) hypertension; essential DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c)		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.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. <i>Alzheimer's dementia</i>		26. No	27. Yes	
ACC. SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.	28b.	28c. M	28d.	
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.	28f.	28g.		



No.169125

STATE REGISTRAR

*[Signature]*

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

SEP 15 2000

State Registrar

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

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

CASE FILE NO: 3924004

**CERTIFICATE OF DEATH**

2016020266  
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>Ruth Lorraine SHERMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 01, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. - 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. - <b>Carson Tahoe Regional Medical Center</b> Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Female</b>	
5. RACE (Specify): <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>92</b>	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 16, 1924</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████ 1671</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Office Work</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Office</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>1343 Tolvabe Ave</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle- Last- Suffix) <b>Harry Lee AUSTIN</b>			17. MOTHER/PARENT -NAME (First Middle- Last- Suffix) <b>Ethel PATTEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>David G RUBY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 1196 Minden, Nevada 89423</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 (Of Person Acting as Such) <b>TAMAR R ROBINSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>870</b>	20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>		
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) <b>ROY H SEXTON</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) <b>November 10, 2016</b>		21c. HOUR OF DEATH <b>18:38</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Roy H Sexton: 1600 Medical Parkway Carson City, NV: 89703</b>					23b. LICENSE NUMBER <b>14938</b>
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 10, 2016</b>		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) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) <b>Acute Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) <b>Severe Aortic Stenosis</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) <b>Severe Pulmonary Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Unknown Etiology</b>					26. AUTOPSY (Specify Yes or No)
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
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

000649889



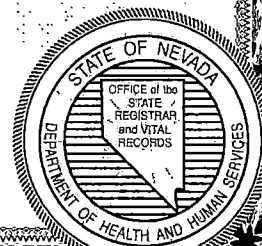
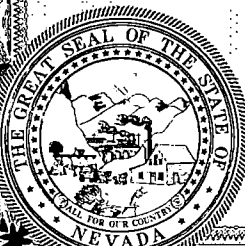
CERTIFIED COPY OF VITAL RECORDS

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

*Cody J. Phinney*  
SIGNATURE AUTHENTICATED  
STATE REGISTRAR

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a