

A.P.N. # 002-018-01
ESCROW NO. _____
RECORDING REQUESTED BY:
LISA J. WOLF
PO BOX 211162
Crescent Valley, NV
89821

WHEN RECORDED MAIL TO:
LISA J. WOLF
PO BOX 211162
Crescent Valley, NV
89821

BOOK 402 PAGE 371-372
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Lisa J. Wolf
2005 JAN -3 PM 3:40

EUREKA COUNTY, NEVADA
H.N. REBALEATI, RECORDER
FILE NO. _____ FEES 15.00

194781

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Washoe } ss.

OLGA OHM of legal age, being first duly sworn, deposes
and says: That Weldon G. OHM the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as Weldon G. ohm
named as one of the parties in that certain quitclaim deed dated December 31, 1984
executed by Pioneer Frontier
to Weldon and Olga Ohm
as joint tenants, recorded as Instrument No. 98378, on January 23, 1985
in Book 134, Page 33, of Official Records of Eureka County
County, Nevada, covering the following described property situated in Eureka
County, State of Nevada:

Lot 14 in Block 20 of Crescent Valley
Ranch and Farms Unit No. 1 as
per map recorded in said county as
file No. 34081

DATE: November 13, 2004

STATE OF Nevada }
COUNTY OF Washoe } ss.

This instrument was acknowledged before me on Nov 13 2004
by OLGA I. OHM

Signature Wendy R. Franco

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)



WENDY R. FRANCO
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 04-89020-2
MY APPT. EXPIRES MAR. 18, 2008

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 89 IMAGE 605

2759

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER 2759		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last Weldon George OHM		DATE OF DEATH (Month, Day, Year) 2. December 26, 1996	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Saint Marys Regional Medical Center	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 3a. Washoe	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	
	STATE OF BIRTH (If not U.S.A., name country) 9a. Iowa		DATE OF BIRTH (Mo., Day, Yr.) 8. July 25, 1925	
PARENTS	CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	
	SOCIAL SECURITY NUMBER 13. [REDACTED]		KIND OF BUSINESS OR INDUSTRY 14b. OHM Septic Tank Company	
DISPOSITION	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Washoe	
	CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. Southworth Drive 925	
CERTIFIER	FATHER—NAME First Middle Last 16. Vernon George Ohm		MOTHER—MAIDEN NAME First Middle Last 17. Blanche Roberts	
	INFORMANT—NAME (Type or Print) 18a. Olga Ohm		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 925 Southworth Drive Reno, Nevada 89512	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Sierra Memorial Gardens	
	LOCATION City or Town State 19c. Reno Nevada		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	
CAUSE OF DEATH	FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. O'Brien-Rogers & Crosby 600 West Second Street, Reno, Nevada 89503	
	To be completed by CERTIFYING PHYSICIAN 21a. [Signature] Thomas S. DaVee		To be completed by Coroner's Office 22a. [Signature]	
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.) 21b. 12-31-96		DATE SIGNED (Mo., Day, Yr.) 22b. [Blank]	
	HOUR OF DEATH 21c. 1100		HOUR OF DEATH 22c. [Blank]	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Thomas S. DaVee, M. D., 85 Kirman Ave., Reno, NV. 89502		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Thomas S. DaVee, M. D., 85 Kirman Ave., Reno, NV. 89502		PRONOUNCED DEAD (Hour) 22e. AT	
CAUSE OF DEATH	REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 31, 1996	
	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LICENSE NUMBER 23b. 5857	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Ventricular Fibrillation		Interval between onset and death	
	(b) Acute myocardial infarction		Interval between onset and death	
CAUSE OF DEATH	(c) [Blank]		Interval between onset and death	
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No		AUTOPSY (Specify Yes or No) 27. No	
CAUSE OF DEATH	DATE OF INJURY (Mo., Day, Yr.) 28b. [Blank]		HOUR OF INJURY 28c. M	
	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. [Blank]		DESCRIBE HOW INJURY OCCURRED 28g. [Blank]	
CAUSE OF DEATH	STREET OR R.F.D. No. 28d. [Blank]		CITY OR TOWN 28e. [Blank]	
	STATE 28f. [Blank]		[Blank]	

No. 109308

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

Barbara Lee Hunt

Deputy Registrar:

Date:

DEC 2 2004

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT