

APN# 002-026-02

Recording Requested by:

Name: Day R. Williams, Esq.

Address: 1950 College Parkway, #101

City/State/Zip: Carson City, NV 89706

AFFIDAVIT--DEATH OF JOINT TENANT (NRS 111.365)
(Title of Document)

When Recorded Mail to:
Day R. Williams, Esq.
1950 College Parkway, #101
Carson City, NV 89706

This page added to provide additional information required by NRS 111.312 Sections
1-2. (Additional recording fee applies)

BOOK 426 PAGE 363-365
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Day R. Williams, atty
2005 NOV 21 PM 1:37

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 16.00

201708

AFFIDAVIT--DEATH OF JOINT TENANT (NRS 111.365)

STATE OF CALIFORNIA)
):ss
COUNTY OF San Diego)

Gary K. Lee, of legal age, being first duly sworn, deposes and says:

1. I am the Personal Representative of the Estate of Gilbert W. Lee, First Judicial District Court of the State of Nevada in and for Storey County, Case No. PR-19928, Dept. I.
2. Sheri Martinelli Lee, the decedent mentioned in the attached certified copy of Certificate of Death from the Commonwealth of Virginia, is the same person as the Sheri M. Lee named as one of the parties in that certain Joint Tenancy Deed which names Gilbert W. Lee and Sheri M. Lee as joint tenants. The Joint Tenancy Deed is dated June 24, 1977, and recorded on June 29, 1977 as File No. 63187 of the Official Records of Eureka County, State of Nevada, covering the following described property situated in Eureka County, Nevada, and bounded and described as Lot 5, Block 3, Crescent Valley Ranch & Farms, Unit #1, as shown on the official map filed in the office of the County Recorder of Eureka County, Nevada on April 6, 1959.
3. Sheri Martinelli Lee, also known as Sheri M. Lee, was the wife of Gilbert W. Lee, who is also deceased.


GARY K. LEE

SUBSCRIBED AND SWORN TO before me

this 25 day of August, 2005

by GARY K. LEE.


NOTARY PUBLIC



CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

2058817

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

REGISTRATION AREA NUMBER 129		CERTIFICATE NUMBER 2833		STATE FILE NUMBER 96-046430	
1. FULL NAME OF DECEDENT (first) (middle) (last) Sheri Martinelli Lee				2. SEX <input type="checkbox"/> male <input checked="" type="checkbox"/> female	
3. DATE OF DEATH (mo.) (day) (year) 11/03/96		4. AGE (years) 78		5. DATE OF BIRTH (mo.) (day) (year) 01/17/18	
7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) NONE				8. COUNTY OF DEATH (if independent city, leave blank) Fairfax	
9. CITY OR TOWN OF DEATH Falls Church		10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 6901 Westcott Road			
11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Fairfax			
13. CITY OR TOWN OF RESIDENCE Falls Church		14. STREET ADDRESS OR RT. NO. OF RESIDENCE 6901 Westcott Road		15. ZIP CODE 22042	
16. NAME OF DECEDENT'S FATHER Brennan		17. MAIDEN NAME OF DECEDENT'S MOTHER Mary Trindel			
18. RACE OF DECEDENT Cauc.		19. OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		20. EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 12 College 1-4 or 5 +	
21. CITIZEN OF WHAT COUNTRY USA		22. BIRTHPLACE (state or country) Pennsylvania		23. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 24. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Gilbert Wallace Lee	
25. SOCIAL SECURITY NUMBER [REDACTED]		26. USUAL OR LAST OCCUPATION Artist		27. KIND OF BUSINESS OR INDUSTRY Private	
28. INFORMANT - OR SOURCE OF INFORMATION Gilbert Wallace Lee					
29. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) Cardiorespiratory Arrest					
(B) Congestive Heart Failure					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Malnutrition					
30. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown		31. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH		32. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
33. TIME OF INJURY (mo.) (day) (year) A.M.		34. INJURY OCCURRED <input type="checkbox"/> while at work <input type="checkbox"/> not while at work		35. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) [REDACTED]	
36. CITY OR TOWN [REDACTED]		37. COUNTY [REDACTED]		38. STATE [REDACTED]	
39. To the best of my knowledge, death occurred at (a.m.) (p.m.) on the date and place and from the cause(s) stated. ACTUAL SIGNATURE Norman W. Levin MD DATE SIGNED 11/4/96					
40. NAME OF ATTENDING PHYSICIAN (Type or Print) Norman W. Levin MD		41. ADDRESS OF ATTENDING PHYSICIAN RT 50 W Box 107 Aldie, VA 20105-0107			
42. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		43. PLACE OF BURIAL REMOVAL ETC. Northern Virginia Crematory Arlington VA			
44. (Signature of funeral director or person legally filing this certificate) [Signature]		45. NAME OF FUNERAL HOME AND ADDRESS Arlington Funeral Home 3901 North Fairfax Drive Arlington, VA			
46. (Signature of registrar) [Signature]		47. DATE RECORD FILED 11-4-96			
RESERVED FOR REGISTRAR'S USE					



This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED **April 07, 2005**

Janet M. Rainey
Janet M. Rainey, Acting State Registrar

Do not accept unless on security paper with seal of Vital Statistics clearly impressed. Section 32.1-272, Code of Virginia, as amended.

VS 15B

201708

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