

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

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

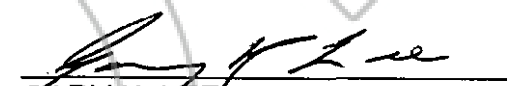
This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

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

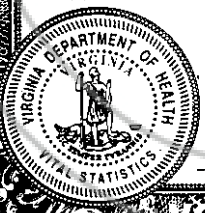
COMMONWEALTH OF VIRGINIA

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 male <input type="checkbox"/> female <input checked="" type="checkbox"/> | | |
| 3. DATE OF DEATH (mo.) (day) (year) 11/03/96 | | 4. AGE 78 years | | 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 |
| 15. NAME OF DECEDENT'S FATHER Brennan | | | 16. MAIDEN NAME OF DECEDENT'S MOTHER Mary Trindel | | |
| 17. RACE OF DECEDENT Cauc. | | 18. OF HISPANIC ORIGIN? (yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | 19. EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 12 College (1-4 or 5 +) | |
| 20. CITIZEN OF WHAT COUNTRY USA | | 21. BIRTHPLACE (state or country) Pennsylvania | | 22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Gilbert Wallace Lee | |
| 24. SOCIAL SECURITY NUMBER [REDACTED] | | 25. USUAL OR LAST OCCUPATION Artist | | 26. KIND OF BUSINESS OR INDUSTRY Private | |
| | | | | 27. INFORMANT - OR SOURCE OF INFORMATION Gilbert Wallace Lee | |
| 28. PART I. Enter the disease, injuries, 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) → Cardio respiratory Arrest Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. Congestive Heart Failure | | | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Malnutrition | | | | | |
| 29a. IF FEMALE, WAS THERE A PREGNANCY IN PAST 9 MONTHS? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> | | 29b. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH | | 29c. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED | |
| 29d. TIME OF INJURY (mo.) (day) (year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> | | 29e. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/> | | 29f. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) | |
| | | | | 29g. (city or town) (county) (state) | |
| 29. 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 | | | |
| NAME OF ATTENDING PHYSICIAN (Type or Print) Norman W. Levin MD | | ADDRESS OF ATTENDING PHYSICIAN RTE 50 W Box 107 Aldie, VA 20105-0107 | | | |
| 30. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | 30. PLACE OF BURIAL REMOVAL, ETC. Northern Virginia Crematory Arlington VA | | | |
| 31. (Signature of funeral director or person legally filing this certificate) [Signature] | | NAME OF FUNERAL HOME AND ADDRESS Arlington Funeral Home 3901 North Fairfax Drive Arlington, VA | | | |
| 32. (Signature of Registrar) [Signature] | | 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

BOOK 4 26 PAGE 365

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED