

A.P.N. No.: 002-019-04

After recording mail to:
Norma E. Messmer
c/o Karceski & Calcaterra
8301 S. Cass Avenue, Suite 203
Darien, IL 60561

BOOK 432 PAGE 39-40
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Gibbs, Giden, Lecher, & Turner
2006 FEB 27 AM 10:40

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

203510

AFFIDAVIT - DEATH OF A JOINT TENANT

State of Illinois }
County of DuPage } s.s.

Norma E. Messmer, of legal age, being duly sworn, deposes and says that Clifford L. Messmer, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Clifford L. Messmer named as one of the parties in that certain deed dated September 9, 1965, executed in favor of Clifford L. Messmer and Norma E. Messmer, as joint tenants, and recorded as Document No. File No. 41285, Book 8, Page 17 of Official Records of Eureka County, Nevada, covering the following described real property situated in the County of Eureka, State of Nevada, that is described as follows:

Lot 10 of Block 10 of CRESCENT VALLEY RANCH & FARMS, UNIT
NO. 1, as per map recorded in said County as File No. 34081

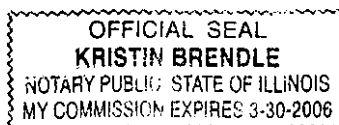
TOGETHER WITH THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES
THEREUNTO BELONGING OR APPERTAINING, AND THE REVERSION AND
REVERSIONS, REMAINDER AND REMAINDERS, RENTS, ISSUES AND PROFITS
THEREOF.

Date: 1-25-06

Norma E. Messmer
NORMA E. MESSMER, Surviving Tenant

On this 25th day of January, 2006, personally appeared before me, a Notary Public, Norma E. Messmer, proved to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the within instrument.

Kristin Brendle
Notary Public



OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR
PRINT IN
PERMANENT
BLACK INKCERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 1393

1 DECEDENT'S NAME FIRST Clifford MIDDLE L. LAST Messmer 2 SEX Male

3 DATE OF DEATH (Month, Day, Year) April 6, 1999 3a LAST BIRTHDAY (Month, Day, Year) 71 3b UNDER 1 YEAR Months 71 Days 0 3c UNDER 1 DAY Hours 0 Minutes 0

4 DATE OF BIRTH (Month, Day, Year) March 8, 1928 5 PLACE OF BIRTH (City, Town, or Location) Downer's Grove, Illinois 6 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No

7a PLACE OF DEATH (Check only one, see instructions on other side) HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify) No

8a FACILITY NAME (If not institution, give street and number) Lee Memorial Health System HPMC 8b CITY, TOWN, OR LOCATION OF DEATH Fort Myers 8c COUNTY OF DEATH Lee

9a DECEDENT'S USUAL OCCUPATION President 9b KIND OF BUSINESS/INDUSTRY Asphalt Paving 9c MARITAL STATUS — Married, Married Never Married, Widowed, Divorced (Specify) Married 9d SURVIVING SPOUSE (If wife, give maiden name) Norma Dressler

10a RESIDENCE — STATE Illinois 10b COUNTY Dupage 10c CITY, TOWN, OR LOCATION Westmont 10d STREET AND NUMBER 129 West Quincy Apt. 1

11a INSIDE CITY LIMITS? (Yes or No) Yes 11b ZIP CODE 60559 11c WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Mexican, Puerto Rican, etc.) No 11d RACE — American Indian, Black, White, etc. Specify White 11e DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 12 College (1-4 or 5+) 0

12 FATHER'S NAME (First, Middle, Last) Robert Messmer 13 MOTHER'S NAME (First, Middle, Maiden Surname) Marie (Unobtainable)

14a INFORMANT'S NAME (Type/Print) Norma Messmer 14b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 129 W. Quincy Apt. 1 Westmont, Illinois 60559

15a METHOD OF DISPOSITION Burial ☐ Cremation ☒ Removal from State ☐ Other (Specify) Clarendon Hills Cemetery 15b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Darien, Illinois

16a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Eric E. Tamm 16b LICENSE NUMBER (of Licensee) 4211 16c NAME AND ADDRESS OF FACILITY FULLER FUNERAL HOME-Cremation Service
1625 Pine Ridge Rd., Naples, Florida 34109

17a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) Dr. Abdul Rashid 17b 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 as stated (Signature and Title) Dr. Abdul Rashid

18a DATE SIGNED (Mo., Day, Yr.) April 8th, 1999 18b HOUR OF DEATH 7:37 P. 18c DATE SIGNED (Mo., Day, Yr.) April 12, 1999 18d HOUR OF DEATH 12:00

19a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Mohammad A. Rashid, M.D. 3620 Broadway, Ft. Myers, Florida 33901 19b MEDICAL EXAMINER'S CASE # 203510

20a SUBREGISTRAR — SIGNATURE AND DATE Marlow J. Heclo 20b LOCAL REGISTRAR — SIGNATURE Marlow J. Heclo 20c DATE REGISTERED Apr 12, 1999

21 PART I: Enter the diseases, 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) Cardiac Arrest

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Arteriosclerotic Cardiovascular Disease

22 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Bilateral pneumonia

23a WAS AN AUTOPSY PERFORMED? (Yes or No) No 23b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No 23c CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No

24a IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES ☐ NO ☒ 24b IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED NO 24c DATE OF SURGERY (Mo., Day, Year)

25a PROBABLE MANNER OF DEATH (Specify) Natural 25b DATE OF INJURY (Month, Day, Year) NO 25c TIME OF INJURY NO 25d INJURY AT WORK? (Yes or No) NO 25e DESCRIBE HOW INJURY OCCURRED

26a PLACE OF INJURY — At home, farm, street, factory, etc. (Specify) NO 26b LOCATION (Street and Number or Rural Route Number, City or Town, State)

OH 512, 9/94
(Replaces HRS
Form 512)

203510

Brendan A. McCoy, Dep. Reg. August 26, 2005

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DOH FORM 1946 (02-04)

B1386986

CERTIFICATION OF VITAL RECORD



* 1 3 8 6 9 8 6 *

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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