A.P.N. No.: 003-031-05

After recording mail to: Norma E. Messmer c/o Karceski & Calcaterra 8301 S. Cass Avenue, Suite 203 Darien, IL 60561 BOOK 43 2 PAGE 42-43
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
SUbbs, Siden, Socker & Junear
2005 FEB 27 AM 10: 42

EUREKA COB-ST Y. NEVADA M.N. REBALEATI. RECORDER FILE NO. FEES 460

203512

## AFFIDAVIT – DEATH OF A JOINT TENANT

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

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. 41286, 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 8 of Block 12 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 3, as per map recorded in said County as File No. 34551

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, Surviving Tenant

v appeared before me. a Notary Public. Norma

On this 25 day of analy, 200 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.

Notary Public

OFFICIAL SEAL KRISTIN BRENDLE HOTARY PUBLIC STATE OF ILLINOIS HY COMMISSION EXPIRES 3-30-2006

BOOK 432 PAGEO 42

16870.1

## OFFICE of VITAL STATISTICS

**CERTIFIED COPY** 

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILENO. 1393	CERTIFICATE C			$\wedge$
BLACK INK	1 DECEDENT'S NAME	FIRST MIDDLE		LAST	2 SEX
		Clifford L.		'essmer	Male
E	. 3 DATE OF DEATH (Month, Day, Year)	1000 / 1000		(years) Months	OER 1 YEAR SC UNDER Day Days Hours Minutes
	April 6, 1999	<del></del>	f. 5.	71	a was decement even in us
	March 8, 1928	L Downerla	Cwave Tili	nnie	& WAS DECEDENT EVER IN U.S. ARMED FORCES? (YOU or No)
,	March 8, 1928   Downer's Grove, Illinois   No 9a PLACE OF DEATH (Check only one, see instructions on other side)   9b INSIDE CITY L.				
9. ———	HOSPITAL X Inpalient _ ER/Outpalient _ OOA _ OTHER: _ Nursing Home _ Residence _ Other (Specify) NO				
Stocks	9c FACILITY NAME (If not institution, gr	e street and number)	96. CITY, TOWN, OR LO	CATION OF DEATH	90 COUNTY OF DEATH
	Lee Memorial Hea	alth System HPMC	Fort M	ers	Lee SE (If wife, give merden name)
8 GIVE KIND OF WORK DONE DURING MOST OF WORKING	TOR DECEDENT S USUAL OCCUPATION	IOS KIND OF BUSINESSINUUSTRI	<ol> <li>MARITAL STATUS — Mar Never Married, Widowed Divorced (Specify)</li> </ol>	Te sonvivide SPCO:	st (a was, governmenten meme)
LIFE DO NOT USE RETIRED	President	Asphalt Paving	Married	Norma Dre	ecler
.) (	134 RESIDENCE - STATE 130. CO			134 STREET AND NUMBER	
		ıpage Westmon		129 West Ou	incy Apt. 1
	13e INSIDE CITY 13F ZIP CODE LIMITS7 /191 0 No.	14 WAS DECEDENT OF HISPANIC OF (Specify No or Yes — If yes, specify	Martine Cubes	5 RACE — American Indian, Black, White, etc.	16. DECEDENT'S EDUCATION (Specify only highest grade completed
<u> </u>	V C0550		No Yes	Specify: White	Elementary/Secondary College (1 - Cor 5 + )
薑	Yes 60559		IS MOTHER'S N.	MILLUE ME (First, Middle, Maiden Surni	1 44
65	Robert Messmer Marie (Unobtainable)				
	19a INFORMANT'S NAME (Type/Print)	196 MAILIN		nber or Aural Aputa Number, City	
	Norma Messmer	129 W	V. Quincy Apt	. 1 Westmont	, Illinois 60559
د٥	20a METHOD OF DISPOSITION X		POSITION (Name of camelary)	crematory, or 20c LOI	CATION City or Town, State
ğ		Removal from State  C1 a rendo	n Wills Com	otory Day	ion Illinois
<u>بر</u> د					
2	PERSON CTING AS SUCH A (O'Leonsee)				
	Man Samuel 4211 1625 Pine Ridge Rd., Naples, Florida 34109				
$\widehat{}$	Z 22a To the best of my *nowledge cause(s) as stated A	, death occurred at the time, gate and place and	due to the 23a On II	ne basis of examination and/or in	westigation, in my opinion death occurred a he cause(s) and manner as stated
	Signature and Title) > 10. HERE LEWELD MY SE (Signature and Title)				
	■ 8% € A				23c HOUR OF DEATH
5		7:37 P.	M 한국 23d MEC	NICAL EXAMINERS CASE	
	<u>δΕ</u>				
	- 24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)				
	Mohammad A. Rashid, M.D. 3620 Broadway, Ft. Myers, Florida 33901				
	256 SUBREGISTRAM - SIGNATURE AND DATE 256 LOCAL REGISTRAM - SIGNATURE 25. DATE REGISTERED				
	26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resoratory arrest, shock, of heart. Approximate intervel				
	26 PART I Enter the diseases, injuries.	or complications that caused the death. Do not on an each kine	enter the mode of dying, such	às cardiac of respiratory arrest,	shock, of heart   Approximate interval   Between Onset and   Death
	IMMEDIATE CAUSE (Final		1 1		) Death
Part II	disease or condition resulting in death)	Carlin Acces	1 1		i
	. / /	Consider Arrah	QUENCE OF)		
	Sequentially hist conditions,	Atherosclassic C	andiovascul	an Disease	· j
-	CAUSE (Disease or injury	OUE TO TOP AS A CONSE	QUENCE OF):		
E	that imitated evenis resulting in death) LAST C =		/_/_	·	
		DUE TO (OR AS A CONSE	QUENCE OF):		
	PART II Cither significant conditions on	rdobuling to death but not resulting in the	27a WAS AN AUTOPSY	276. WERE AUTOPSY FING	ONGS 28 CASE REPORTED
2	underlying cause given in Part		PERFORMED?	USED TO COMPLETE	CAUSE TO MEDICAL
	Bilateral Pre	umouia.	No	OF DEATH? (Yes or A	NO (161 or No)
324	29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHSTYES NO	0a. IF SURGERY IS MENTIONED IN PART FOR II EN	ITER CONDITION FOR WHICH	IT WAS PERFORMED 3	06 DATE OF SURGERY (Ma. Day, Year)
<b>6</b>		24 DATE OF INJURY 325 TIME OF (Month, Day, Year) INJURY	32c INJURY AT WORK? (Yes or No.)	32d DESCRIBE HOW INJU	RY OCCURRED
	DEATH (Specify) Natural, accident, suicide,		1,000 0 700)	-	
321	homicide, or undetermined.	M .			
	Natural /	2e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)	32f. LOGATION (Street and	Number or Rural Route Number,	City or Town, State)
H 512, 9/94		/			
teplaces HR orm \$12]	٠ <u>ــــــــــــــــــــــــــــــــــــ</u>		<del></del>	<del></del>	
The State of the S		/			

Brush AMONe, Dy Reg.

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

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)

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CERTIFICATION OF VITAL RECORD



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