

DOC # 422245
Official Record

APN 14-601-42

Requested By
FRREDERICK SELLERS
Lyon County - NV
Mary C. Milligan - Recorder
Page 1 of 3 Fee \$16 00
Recorded By BB RPTT

Mail Tax Bill To:
Grantee
10 Thurston Way
Yerington, NV 89447



The undersigned hereby affirms that this document submitted for recording contains the social security number of a person or persons as required by law NRS 440 380 (1) (A) and 40 525 (5)

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LYON)

FREDERICK E. SELLERS of legal age, being first duly sworn, deposes and says:

THAT the deceased mentioned in the attached certified copy of Certificate of Death, is the same person as BIRDELLA OHL named as one of the parties in that certain Grant Deed dated 10-18-2000 executed by BIRDELLA OHL to BIRDELLA OHL & FREDERICK E SELLERS as Joint Tenants and recorded in the Official Records of Lyon County, Nevada, on OCT 23, 2000 as No 253790 and covering all of that certain real property described as follows:

A portion of the Southeast 1/4 of the Northwest 1/4 of Section 9 Township 13 North, Range 26 East, M.D.B.&M., being a division of Parcel 4 as shown on that certain Parcel Map recorded for William Wollesen on March 8, 1990 as File No. 131642 being further described as follows:

Parcel 4B as shown on that certain Parcel Map for William Wollesen recorded on August 26, 1993 as Document No. 164009, Lyon County Official Records.

Dated 3/11/08

Frederick E. Sellers
FREDERICK E. SELLERS



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STATE OF NEVADA)
) ss.
COUNTY OF LYON)

Subscribed and Sworn to before me on March 11, 2008, by
FREDERICK E. SELLERS.

Stephanie L Jackson
Notary Public



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 104 IMAGE 359
LOCAL FILE NUMBER

1888

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1 Birdella Lucinda OHL			DATE OF DEATH (Month, Day, Year) 2 August 2, 2001		COUNTY OF DEATH 3a. Washoe
CITY TOWN OR LOCATION OF DEATH 3b. Sparks		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) 3c. 1391 Coachman Drive		If Hosp. or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify) 3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes specify Mexican, Cuban, Puerto Rican etc. 6		AGE—Last Birthday (Years) 7a. 63	UNDER 1 YEAR MOS : DAYS 7b. : : 7c. : : MINS
STATE OF BIRTH (If not U.S.A., name country) 9a. Kansas		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education: Specify highest grade completed 10 9	
SOCIAL SECURITY NUMBER 11		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Homemaker		MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) 11 Widowed	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Washoe		KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
CITY TOWN OR LOCATION 15c. Sparks		STREET AND NUMBER 15d. 1391 Coachman Dr.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16 Frederick Camren			MOTHER—MAIDEN NAME First Middle Last 17 Mildred Taylor		
INFORMANT—NAME (Type or Print) 18a. Birdella Cordova			MAILING ADDRESS (Street or R.F.D. No. City or Town, State Zip) 18b. 17 Devera Lane, Yerington, NV 89447		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory		LOCATION City or Town State 19c. Sparks Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Edward Rose</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 20		NAME AND ADDRESS OF FACILITY 20c. Reno Memorial 253 E. Arroyo, Reno, NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) DATE SIGNED (Mo. Day Yr.) 21b. 8/7/01			21c. HOUR OF DEATH 21c. 0815		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Dr. Edward Rose 1200 Mountain St., Carson City, NV 89703			22a. 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 stated (Signature and Title) DATE SIGNED (Mo. Day Yr.) 22b. : : 22c. : : HOUR OF DEATH 22d. ON 22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23a. Dr. Edward Rose 1200 Mountain St., Carson City, NV 89703			LICENSE NUMBER 23b. 5034		
REGISTRAR 24a. (Signature) <i>Wendy Cantuery</i>		DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) 24b. August 8, 2001		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I (a) <i>Carcinoma of Lung</i>		Interval between onset and death			
(b)		Interval between onset and death			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No) 26 No	
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.	
INJURY AT WORK (Specify) 28d.		DESCRIBE HOW INJURY OCCURRED 28e.		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28f.	



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No. 181460

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

Deputy Registrar: *Subarna Lee Skint* Date AUG 15 2008