	To the second se		- 1		7
-	Nhen Recorded, I Dix/E F B& P.O. BoX 2 POCATE/10, III APN: <u>003-74/</u>	24NdY 396 5,83206 -02	URVIVING JOINT T	FNANT	
	STATE OF NEVAL	DA )	ss		
þ	<u><i>D/x (</i></u> penalty of perjury	e F. Brund that the following ass	t/ heral sertions are true (f	by swears (or affirms) un his/her own knowledge:	der
1; i:	2. one of the grante instrument No.	natters hereinafter st I am <u> </u>	aled.  Brundy  TRUST  Book 9	of the Official Reco	as as rds
le Pi	nore particularly o	The property which purity of	LOT 14 B	lhe above-described deed _, State of Nevada, and Lock'こ ' or ルビッチ、	is
<u>ነ</u> E ሚ	APPITION C TO SETTLE 4. lamed in sa William Thomas Death, a certified	and, if known  Ty of Callen'  William Thomas  id deed and  HENRIE  copy of which and	the physical add not be a construction of the construction of the construction of the decedent, in the decedent, in the decedent and	ess)  = Lincoln State of  = The le on  _ was one of the grante	ees as of
-	5. William The Janyary (State) IDA	MAS HENRIE . 18 2001 in 130	he above-descrit died on vss(cily)	the <u>17</u> 2 day	of
			ALLIE S TYPE AFFIAN	.)_	EFORE ME THIS
(,	JURAT)	TRISTA FOGLIAN  NOTATY PUBLIC STATE OF HEMODI  Limcoin County - Newada	'	DAY OF ANGLE OF SAID O	ળાં
	3/98	CERTIFICATE # 97-1213-11 APPT. EXP. MAY 2, 200		MY COMMISSION EXPIRES	

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12 7	¥ 7 7 3	CERTIFICATION OF	VITADERECORD	<b>*</b> 7.7	¥27
	A'ndindanatanatans	STATE OF	IDAHO	(1-11-11); 1-42-1210 P-12102 P-11	
		IDAHO DEPARTMENT OF H CENTER FOR VITAL STATIST	EALTH AND WELFARE	CY	CITA
Date Filed JANUARY	CI CI	ERTIFICATE	OF DEA	TH Slade File N	2001-00306
DECEDENT - NAME			_/	State Frie IV	)
WILLIAM THON	MAS HENRIE	SCCIAL SBOURTY HUMBER	DATE OF BIRTH		86 YEARS
JAN. 17, 200	I MALE		OCT. 18,	1914	NEVADA
WAS DECEDENT EVER IN U.S. ARMED RONCES* YES	NEVER MARRIED			BOISE, ID	2
NEVADA	a	IV, TOWNORLOCATION LAS VEGAS		Y /	
RANSOM PARLE	Y HENRIE			< I.	MPUCE UTAH
ETHEL STEWAR					RII-PLACE UTAH
SUMMERS FUNE	RAL HOME, BOISE	, IDAHO			
JOHN A. YRAG	UEN				
NETHODOFOISPOSITION REMOVAL	ТВИЕ ОГ DEATH 10:15 Р.М.		76. 1.76.	ACPOSATH ATURAL	
CAUSE OF DEATH surdenying	- Access III				Appropriate Interval Between Creat and Death 3 DAYS
DUE 10 for an a consequence of):  D. PHEUHONIA		<del></del>			4 DAYS
DUE TO (or on a converguence of): E.	/ /			<del>                                     </del>	7 27.10
OLE YO be an a consequence of:	/ /		/		··· ,
	TIONS CONTRIBUTING TO DEA	TH but not mainting in the underlying course given	- 100g/		ALITOPSY PERFORMED? NO
PEGGY C. DRU		IA .		TITLE OF COMMON	, no
YESSY C. DRU	TELEVISION OF THE PERSON OF TH		. <del> </del>	PHYSICIAN	
	·.		WIE		
OATE OF INJURY		HOTELOGINOSA FOR STATE S	1931 <b>9</b> 31 <b>9</b> 10 10 10 10 10 10 10 10 10 10 10 10 10	<u>. 1.25</u>	HOURS AT WORKS
DESCRIPTION OF HOW INJUSTY OCC	NAMED	<del>- )</del>			
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90341					
4	The second second				
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				300x 157	- 151
	This is a true and correct on file with the IOAHO CE	eproduction of the document afficially NTER FOR VITAL STATISTICS AN	registered and placed D HEALTH POLICY.	300F 157	- 151

116735 FILED AND RECORDED AT REQUEST OF DIXIE F. BRUNDY AUGUST 6, 2001 AT 05 MINUTES PAST 12 GICLOUR PM\_NEOCK157\_OF CITICIAL CECCACS PAGE
COUNTY, NEVADA
LESLIE BOUCHER
COUNTY RECORDER 22 157 : 152