

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
 ) SS  
County of Douglas )

ESTER H. PURVIS, of legal age, being first duly swon, deposes and says:

That GEORGE ROBB PURVIS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE R. PURVIS named as one of the parties in that certain Deed dated, July 31, 1965, executed by ROBERT W. WOOD and PATSY G. WOOD, husband and wife to GEORGE R. PURVIS and ESTER H. PURVIS, husband and wife, as Joint Tenants, with right of survivorship, recorded August 1, 1967 in Book 51, page 735, of Offical Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 48, in Block A, as shown on the map of ROUND HILL VILLAGE UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on August 31, 1965

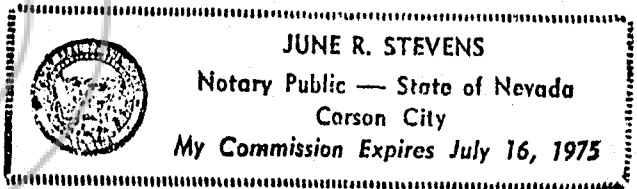
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$48,000.00.

Dated: November 29, 1972

*Ester H. Purvis*  
\_\_\_\_\_  
Ester H. Purvis

SUBSCRIBED AND SWORN TO before me  
this 29th day of November, 1972

*June R Stevens*  
\_\_\_\_\_  
June R. Stevens, Notary Public



**CERTIFICATE OF DEATH**

3801

7731

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME <b>George</b>		1B. MIDDLE NAME <b>Robb</b>		1C. LAST NAME <b>Purvis</b>		2A. DATE OF DEATH—MONTH, DAY, YEAR <b>Nov. 10, 1971</b>		2B. HOUR <b>2 PM.</b>			
	3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Scotland</b>		6. DATE OF BIRTH <b>June 11, 1919</b>		7. AGE (LAST BIRTHDAY) <b>52</b>		IF UNDER 1 YEAR MONTHS    DAYS IF UNDER 24 HOURS HOURS    MINUTES			
	8. NAME AND BIRTHPLACE OF FATHER <b>George Purvis Scotland</b>				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Jean Robb Scotland</b>							
	10. CITIZEN OF WHAT COUNTRY <b>Scotland</b>		11. SOCIAL SECURITY NUMBER <b>                    -1429</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Ester Ritchie</b>					
14. LAST OCCUPATION <b>Elec. contractor</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>10</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>Self</b>		17. KIND OF INDUSTRY OR BUSINESS <b>Electrical contracting</b>						
PLACE OF DEATH	18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>U.C. Moffitt Hospital</b>				18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>3rd and Parnassus Sts</b>				18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>			
	18D. CITY OR TOWN <b>San Francisco</b>				18E. COUNTY <b>San Francisco</b>		18F. LENGTH OF STAY IN COUNTY OF DEATH <b>10 days</b>		18G. LENGTH OF STAY IN CALIFORNIA <b>10 days</b>			
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>289 Mc Paul Way.</b>				19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>No</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Ester Purvis P.O. Box 438 Zephyr Cove, Nevada</b>					
	19C. CITY OR TOWN <b>Zephyr Cove</b>		19D. COUNTY <b>Douglas</b>		19E. STATE <b>Nevada</b>							
PHYSICIAN'S OR CORONER'S CERTIFICATION	21A. CORONER (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)		21B. PHYSICIAN (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)		21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <i>Stephen J. Hartigan</i>		21D. DATE SIGNED <b>Nov. 11, 1971</b>		21E. ADDRESS <b>Univ. of Calif. Hosp. S. F.</b>			
	21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>621480</b>											
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Cremation</b>		22B. DATE <b>10-15-71</b>		23. NAME OF CEMETERY OR CREMATORY <b>Mt View Crem. Reno, Nevada</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <i>Carl McFarlane</i> <b>3825</b>					
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mc Farlane Mort. So. L. Tahoe</b>		26. WAS DEATH REPORTED TO CORONER (SPECIFY YES OR NO) <b>No</b>		27. LOCAL REGISTRAR—SIGNATURE <i>Francis J. Curry</i>		28. DATE REPORTED FOR REGISTRATION <b>11-11-71</b>					
MEDICAL AND HEALTH DATA	29. PART I: DEATH WAS CAUSED BY, IMMEDIATE CAUSE (A) <b>ASPIRATION FROM CARDIOGENIC SHOCK 12 Hrs.</b>				30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <b>S/P Replacement Aortic Valve</b>		31. X-RAY, HEMATOLOGY OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR NUMBER) <b>NO</b>		32A. AUTOPSY (SPECIFY YES OR NO) <b>Yes</b>		32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) <b>No</b>	
	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (FREeway, HIGHWAY, STREET, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36A. DATE OF INJURY—MONTH, DAY, YEAR		36B. HOUR			
INJURY INFORMATION	37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19, MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)			
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)											
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	<b>NL</b>					

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO: **43499**  
 DATED: **DEC. 2, 1971**  
 SAN FRANCISCO, CALIFORNIA

*Francis J. Curry, M.D.*

FRANCIS J. CURRY, M.D.  
 DIRECTOR OF PUBLIC HEALTH  
 AND LOCAL REGISTRAR

LAWYERS TITLE INS. CORP.

Recorded at Request of  
 On **DEC 1 1971** At **30** Min. Past **11 A** M  
 Official Records of Douglas County, Nevada. Fee **4.00**

Patricia J. Stanley, Recorder.

By *Jacqueline Gray*

63067

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