

Recorded at Request of  
On **MAR 14 1975**

*Edward McLibben*  
At 15 Min. Past 4 PM  
Official Records of Douglas County, Nevada. Fee 4.00

Patricia J. Stanley, Recorder

By *[Signature]*  
*Deputy*

AFFIDAVIT OF SURVIVORSHIP

BY SURVIVING JOINT TENANTS

1 STATE OF NEVADA )  
2 ) ss.  
3 County of Douglas )

4 NORMA ELLIS, DARWIN K. ELLIS and ELIZABETH ELLIS, being  
5 first duly sworn, depose and say:

6 That they are the surviving joint tenants with respect  
7 to certain real property situated in Carson City, State of Nevada,  
8 and more particularly described as follows, to-wit:

9 Lot 36, as shown on the Plat of ANDERSEN HEIGHTS  
10 SUBDIVISION, filed in the office of the County  
11 Recorder of Ormsby County, Nevada, on May 11, 1964.

12 That the property above described was conveyed to  
13 JOHN ELLIS and NORMA ELLIS and DARWIN ELLIS and ELIZABETH ELLIS,  
14 as joint tenants with right of survivorship, by Deed dated  
15 June 8, 1970, and recorded June 9, 1970, in Book 98, at  
16 Page 209, Document No. 71258, Official Records of Carson City,  
17 Nevada.

18 That the said JOHN ELLIS died on January 30, 1975 and  
19 that a certified copy of the death certificate of the said deced-  
20 ent is attached hereto and marked as Exhibit A.

21 That the affiants, NORMA ELLIS, DARWIN ELLIS and  
22 ELIZABETH ELLIS, by virtue of such survivorship became, have  
23 since been, and now are the owners of the equity interest in the  
24 real property above described.

25 DATED this 7th day of March, 1975.

26  
27 *Norma Ellis*  
28 \_\_\_\_\_  
29 NORMA ELLIS  
30 *Darwin Ellis*  
31 \_\_\_\_\_  
32 DARWIN ELLIS  
*Elizabeth Ellis*  
\_\_\_\_\_  
ELIZABETH ELLIS

Subscribed and sworn to before me  
this 7th day of March, 1975.

*Lois Storke*  
\_\_\_\_\_  
Notary Public



LOIS STORKE  
Notary Public — State of Nevada  
Douglas County  
My Commission Expires Dec. 17, 1978

78840

BOOK 375 PAGE 414

STATE OF NEVADA  
DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
SECTION OF VITAL STATISTICS  
CARSON CITY, NEVADA 89701

STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME FIRST MIDDLE LAST <b>John Robert Ellis</b>			2. SEX <b>Male</b>
3. DATE OF DEATH (MONTH, DAY, YEAR) <b>January 30, 1975</b>			4. COUNTY OF DEATH <b>Carson City</b>
5. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	6. AGE—LAST BIRTHDAY (YEARS) 5a. <b>76</b>	7. UNDER 1 YEAR MOS. DAYS 5b.	8. UNDER 1 DAY HOURS MIN. 5c.
9. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Aug. 29, 1898</b>		10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Carson Tahoe Hospital</b>	
11. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		12. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>	
13. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>California</b>	14. CITIZEN OF WHAT COUNTRY <b>USA</b>	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	16. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Norma Dangberg</b>
17. SOCIAL SECURITY NUMBER <b>6105</b>		18. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Owner-Manager</b>	
19. KIND OF BUSINESS OR INDUSTRY <b>General Merchandising Stores</b>		20. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION <b>Nevada Douglas Minden</b>	
21. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>		22. STREET AND NUMBER <b>7th &amp; Mono Sts.</b>	
23. FATHER—NAME FIRST MIDDLE LAST <b>John R. Ellis</b>		24. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Margaret Jones</b>	
25. INFORMANT—NAME <b>Norma Dangberg Ellis</b>		26. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>P.O. Box 36 Minden, Nevada 89423</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE <b>239.9 (a) Metastatic Transitional cell carcinoma</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: (b)			
DUE TO, OR AS A CONSEQUENCE OF: (c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) <b>19a. No</b>
			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>19b.</b>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR <b>May 1972</b>	TO MONTH DAY YEAR <b>January 30, 1975</b>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>1/30/75</b>
21a.	21b.	21c.	21d.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>22a.</b>
			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <b>22b. 1:10a.</b>
23a. CERTIFIER—NAME (TYPE OR PRINT) <b>Rex T. Baggett, M.D.</b>		23b. SIGNATURE <i>Rex T. Baggett</i>	23c. DATE SIGNED (MONTH, DAY, YEAR) <b>1-31-75</b>
23d. MAILING ADDRESS—CERTIFIER <b>710 West Washington Blvd.</b>		23e. CITY OR TOWN <b>Carson City, Nevada</b>	23f. STATE ZIP <b>89701</b>
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	24b. CEMETERY OR CREMATORY—NAME <b>Garden Cemetery</b>	24c. LOCATION CITY OR TOWN STATE <b>Gardnerville, Nevada</b>	
24d. DATE (MONTH, DAY, YEAR) <b>Feb. 1, 1975</b>	24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Walton Funeral Home 1281 N Roof St Carson City, Nev.</b>		
25a. FUNERAL DIRECTOR—SIGNATURE <i>William P. Mills</i>	25b. REGISTRAR—SIGNATURE <i>Grace M. Kram</i>		25c. DATE RECEIVED BY LOCAL REGISTRAR <b>Feb. 3-1975</b>

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.

Date Issued: **FEB 13 1975**

NOT VALID WITHOUT THE RAISED SEAL OF THE NEVADA, DIVISION OF HEALTH

*Jack Homeyer*  
JACK HOMEYER  
Biostatistician  
Chief, Section of Vital Statistics  
By: *Ann Tsunemaki*

