

Recorded at Request of

*Howard McKibben*

On **MAR 14 1975**

At 15 Min. Past 4 PM

Official Records of Douglas County, Nevada.

Fee 2.00

Patricia J. Stanley, Recorder.

By *[Signature]*  
*Deputy*

AFFIDAVIT OF SURVIVORSHIP

BY SURVIVING JOINT TENANT

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

4 NORMA ELLIS being first duly sworn, deposes and says:

5 That she is the surviving joint tenant with respect  
6 to certain real property situated in the County of Douglas, State  
7 of Nevada, and more particularly described as follows, to-wit:  
8

9 The South 250.0 feet of the West 838.09 feet of the North  
10 1/2 of the North 1/2 of the Southeast 1/4 of the Northeast  
11 1/4 Section 9, Township 12 North, Range 19 East, M.D.B. & M.

12 TOGETHER WITH a non-exclusive right to use the East 30 feet  
13 of the North 1/2 of the South 1/2 of the Northeast 1/4 of  
14 the Northeast 1/4 of the Northeast 1/4 of Section 9, Towns-  
15 ship 12 North, Range 19 East, M.D.B. & M., for ingress to  
16 and egress from the parcel herein described.

17 TOGETHER WITH the non-exclusvie right to use the right of  
18 way acquired by parties of the first part by deed recorded  
19 under Document Nos. 15947 and 15948, Douglas County, Nevada  
20 Records for the purpose of ingress to and egress from the  
21 parcel herein described.

22 ALSO TOGETHER WITH the non-exclusive right to use the  
23 meandering road that traverses the Northwest corner of  
24 the herein described parcel across all other lands owned  
25 by the parties of the first part in said Section 9 as  
26 contained in the Deed recorded in Book 2 of Official  
27 Records, Page 213 under Document No. 15951, Douglas County,  
28 Nevada.

29 ALSO TOGETHER WITH an easement for a non-exclusive access  
30 road, 20 feet in width, lying North of and adjacent to  
31 the Easterly 470.06 feet of the South line of the said  
32 North 1/2 of the North 1/2 of the Southeast 1/4 of the  
33 Northeast 1/2 of Section 9.

34 ALSO TOGETHER WITH an easement for a non-exclusive road  
35 right of way 30 feet in width, West of and adjacent to  
36 the East line of said Section 9, Township 12 North,  
37 Range 19 East, M.D.B. & M., described herein.

38 That the property above described was conveyed to  
39 JOHN ELLIS and NORMA ELLIS, husband and wife, as Joint Tenants,  
40 with right of survivorship, by Deed dated August 11, 1972  
41 and recorded August 22, 1972, in Book \_\_\_\_\_, Page \_\_\_\_\_  
42 Document No. 61307, Official Records of Douglas  
43 County, Nevada.

1 That the said JOHN ELLIS died on January 30, 1975, and  
2 that a certified copy of the death certificate of said decedent  
3 is attached hereto and marked as Exhibit A.

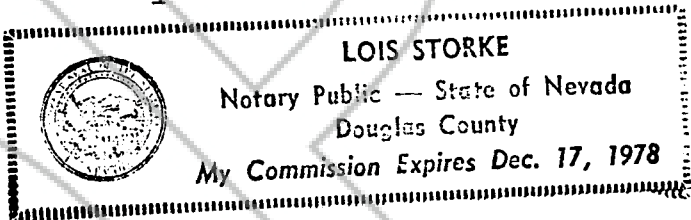
4 That the affiant, NORMA ELLIS, by virtue of such  
5 survivorship became has since been, and now is the owner of the  
6 equity interest in the real property above described.

7 DATED this 9th day of March, 1975.

8  
9 Norma Ellis  
NORMA ELLIS

10 Subscribed and sworn to before me  
11 this 9th day of March, 1975.

12 Lois Storke  
13 Notary Public in and for the County  
of Douglas, State of Nevada.



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

OR PRINT IN  
PERMANENT INK  
HANDBOOK FOR  
INSTRUCTIONS

DECEASED  
RESIDENCE  
IF DECEASED  
IF DEATH  
OCCURRED IN  
NEVADA, GIVE  
COUNTY BEFORE  
ISSUANCE.

PARENTS

CAUSE

CERTIFIER

BURIAL

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 <b>Yes</b>	8. UNDER 1 DAY HOURS MIN. <b>Aug. 29, 1898</b>
9. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Carson Tahoe Hospital</b>	
11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>California</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Norma Dangberg</b>
15. SOCIAL SECURITY NUMBER <b>6105</b>	16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Owner-Manager</b>	17. KIND OF BUSINESS OR INDUSTRY <b>General Merchandising Stores</b>	
18. RESIDENCE—STATE <b>Nevada</b>	19. COUNTY <b>Douglas</b>	20. CITY, TOWN, OR LOCATION <b>Minden</b>	21. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>
22. FATHER—NAME FIRST MIDDLE LAST <b>John R. Ellis</b>		23. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Margaret Jones</b>	
24. INFORMANT—NAME <b>Norma Dangberg Ellis</b>		25. 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))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE <b>239.9 (a) Metastatic Transitional cell carcinoma</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. <b>No</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR <b>May 1972 TO January 30, 1975</b>		21b. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>1/30/75</b>	21c. I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21d. (HOUR) <b>1:10a</b>
22a. 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.		22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M. 22c.	
23a. CERTIFIER—NAME (TYPE OR PRINT) <b>Rex T. Baggett, M.D.</b>		23b. SIGNATURE <i>Rex T. Baggett</i>	23c. DEGREE OR TITLE <b>M.D.</b>
23d. MAILING ADDRESS—CERTIFIER <b>710 West Washington Blvd.</b>		23e. CITY OR TOWN <b>Carson City, Nevada</b>	23f. STATE <b>89701</b>
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	24b. CEMETERY OR CREMATORY—NAME <b>Garden Cemetery</b>	24c. LOCATION <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 Roop 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 Ferrinick*

