

AFFIDAVIT OF SURVIVORSHIP

BY SURVIVING JOINT TENANT

1
2
3 STATE OF NEVADA)
4 County of Douglas) ss.
5)

6 MARTHA H. WATERS, being first duly sworn, deposes
7 and says:

8 That she is the surviving joint tenant with respect
9 to certain real property situated in the County of Douglas,
10 State of Nevada, and more particularly described as follow,
11 to-wit:

12 A portion of the Northeast 1/4 of the Southwest
13 1/4 of Section 18, Township 14 North, Range 20
14 East, M.D.B. & M., Douglas County, Nevada, more
15 particularly described as follows:

16 Commencing at the U.S. BLM brass cap monument
17 representing the northerly quarter corner of
18 said Section 18, proceed South 0°02'46" West
19 along the quarter section line a distance of
20 2648.12 feet to the mid-section quarter corner,
21 a steel pipe; thence South 89°50'43" West along
22 the quarter section line a distance of 60.00
23 feet; thence South 0°02'46" West a distance of
24 25.00 feet to a steel pipe which is the TRUE
25 POINT OF BEGINNING; thence South 89°50'43" West
26 a distance of 726.00 feet to a steel pipe;
27 thence South 0°02'46" West a distance of 300.00
28 feet to a steel pipe; thence North 89°50'43"
29 East a distance of 726.00 feet to a steel pipe;
30 thence North 0°02'46" East a distance of 300.00
31 feet to the TRUE POINT OF BEGINNING.

32 That the property above described was conveyed to
RICHARD L. WATERS, JR., and MARTHA H. WATERS, husband and wife,
as Joint Tenants, with right of survivorship, by Deed dated
June 20, 1966, and recorded June 21, 1966, in Book 41, Page
471, Document No. 32621, Official Records of Douglas County,
State of Nevada.

That the said RICHARD L. WATERS, JR. died on December
10th, 1973, and that a certified copy of the death certificate
of the said decedent is attached hereto and marked as Exhibit A.

That the affiant, MARTHA H. WATERS, by virtue of

//

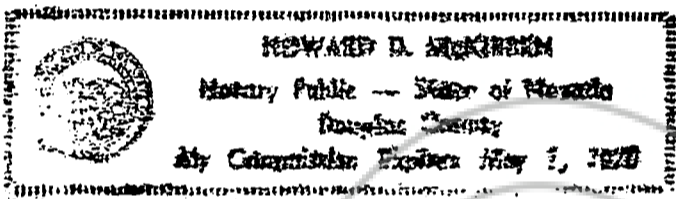
1 such survivorship became, has since been, and now is, the
2 owner of the real property above described.

3 DATED this 31 day of January, 1975.

4
5
6 Martha H. Waters
7 MARTHA H. WATERS

8
9 Subscribed and sworn to before
10 me this 31st day of January, 1975.

11 Howard D. [Signature]
12 Notary Public



STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that
this is a true copy of
the document filed in
this office.

Unless validated on the re-
verse, this certified copy is
issued without charge under
authority of Section 10439.5
of the Health and Safety Code
or for limited use under
authority of Section 6107 of
the Government Code.

ROBERT L. GSAIZDA, DIRECTOR
STATE DEPARTMENT OF HEALTH
AND STATE REGISTRAR OF VITAL STATISTICS

BY: *Roger E. Smith*
ROGER E. SMITH, ACTING CHIEF
VITAL STATISTICS SECTION

FEBRUARY 7, 1975

Recorded at Request of *Martha H. Waters*
On **MAR 17 1975** At 30 Min. Past 4 PM
Official Records of Douglas County, Nevada. Fee \$5.00 pd

Patricia J. Stanley, Recorder.

By *Kyrene Redford*
Deputy

78859

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that
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Under authority of the
State Registrar of Vital Statistics
this certificate is issued
without charge under
authority of Section 10439.5
of the Health and Safety Code
or for limited use under
authority of Section 10407 of
the Government Code.

ROBERT L. ENAYON, DIRECTOR
STATE DEPARTMENT OF HEALTH
AND STATE REGISTRAR OF VITAL STATISTICS

BY *Robert Smith*
ROBERT SMITH, ASSISTANT
VITAL STATISTICS SECTION

FEBRUARY 7, 1975

73-157351		CERTIFICATE OF DEATH		5700/603		
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	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR	
	RICHARD	LAWRENCE	WATERS, JR.	December 10, 1973	9:13 a.	
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HOURS
	Male	White	Maryland	November 16, 1915	58 YEARS	
	8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		
Richard L. Waters, Sr. Unknown	Sarah R. Wilson, Unknown		Martha B. Hancock			
10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	17. KIND OF INDUSTRY OR BUSINESS			
U.S.A.	1252	Married	Judge			
14. LAST OCCUPATION	15. NUMBER THIS OCCUPATION (IF SELF EMPLOYED, SO STATE)	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)				
Dist. Court Judge	13	Douglas County Nevada				
PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
	Woodland Memorial Hospital		1325 Cottonwood Street		Yes	
	18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH (SPECIFY YES OR NO)	18g. LENGTH OF STAY IN CALIFORNIA		
Woodland	Yolo	2 Weeks YEARS	2 Weeks YEARS			
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		20. NAME AND MAILING ADDRESS OF INFORMANT	
	1010 Sagebrush Court		No		Mrs. Martha B. Hancock 1010 Sagebrush Court Gardnerville, Nevada	
	19c. CITY OR TOWN	19d. COUNTY	19e. STATE			
Gardnerville	Douglas	Nevada				
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 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		21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	
					Dean E. Wynn, M.D.	
	10-9-73		12-10-73		12-10-73	
				21d. ADDRESS	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
				1207 Fairchild Ct. Woodland, Calif. 95695	6-1272	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22b. DATE		23. NAME OF CEMETERY OR CREMATORY	
	Burial		12-13-73		Lone Mountain Cemetery	
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)		27. LOCAL REGISTRAR (SIGNATURE)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Walton Funeral Home		No		B. C. Cox	DEC 12 1973	
MEDICAL AND HEALTH DATA	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (A)		Rupture, ANEURYSM, THORACIC AORTA			? 5 yrs.
	DUE TO, OR AS A CONSEQUENCE OF (B)		Arteriosclerosis, severe, aorta			? 20 yrs.
	DUE TO, OR AS A CONSEQUENCE OF (C)					
	30. PART II. OTHER SIGNIFICANT CONDITIONS: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C					
Arteriosclerosis, CORONARY ARTERY DISEASE, ANEURYSM, Abdominal AORTA, postoperative status Abdominal Aortic aneurysm						
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	
	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. 1	B. 981	C. 2	D.	E. 4411	

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