## Affidavit—Death of Joint Tenant

and the second of the second o	
STATE OF NEWADA	
COUNTY OF	
C. Reed Corbin  That HELEN P. Corbin, the deed Certificate of Death, is the same person as Helen Potts Cornamed as one of the parties in that certain Deed executed by Moran Enterprises, Inc. to C. Reed Corbin and Helen Potts Corbin, as joint tenants, recorded as Instrument No. 71493 , on book 274 , page 43 , of Official Records of Doug County, Nevada, covering the following described property situated in County of Douglas  Lot 52, as shown on the map of SIERRA filed in the office of the County Record County on April 18, 1960, as File No. I	rbindated
Dated May 25, 1978	3 Deed Carlin
SUBSCRIBED AND SWORN TO before me	C. Reed Corbin
this 2rd day of June 1978	
Signature Goldon & Procer	
Gargas G. Pluere Name (Typed or Printed)	SEAL
	(This area for official notarial seal)

RECORDING REQUESTED BY

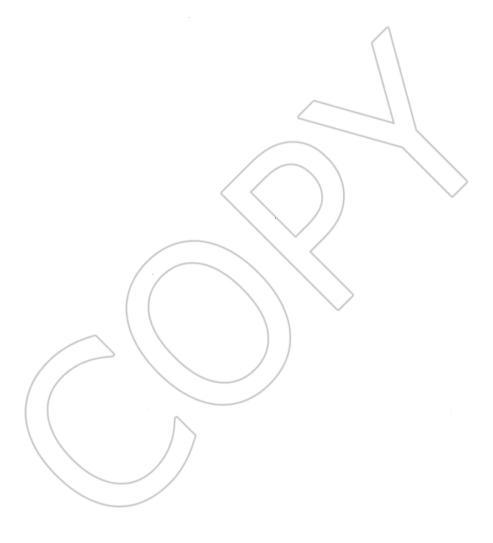
L.T.I.C.

Sheet Alloress AND WHEN RECORDED MAIL TO

-SPACE BELOW THIS LINE FOR RECORDER'S USE-

22685

i	VALID ON HTTW				D IS A TRUE C	OPY OF A RECORD		
•	IMPRESSE SEAL	DATE ISSUED:	900 9070			OF VITAL RECORDS		
	WARNING:	; It is illega	l to duplicate	this copy by ]	onotostat or	prio tograpii.		
STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
1	- STATE REGISTRAR	DC: P	CERTIFICATE OF DE	НТА	EG. NO.	\		
	ECEASED NAME FIRST BE OR PRINT) HELE	EN P.	CORB I N	20. DATE OF DEA		76 3:30A <sub>M</sub>		
3. S	FEMALE	4. RACE CAUC	5. DATE OF BIRTH	6. AGE (IN YEARS I	The second secon			
	SIRTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8.	- 9 BAITIMORE	YRS. LITY OR COUNTY OF DEAT COUNTY	H		
10. (	TLKENSBURG, PACITY OR TOWN OF DEATH TOWSON	<del></del>	RSING HOME OR OTHER INSTIT	UTION 120, USUAL OCC		MD. ND OF BUSINESS OR TRY		
1 130,	IAL RESIDENCE (IF NURSING HOME O	<u> </u>	BEFORE ADMISSION)	CO. PUB.	7777 A 7 17777	<u>- BALTO.</u> KKTOWNE DR		
	ARYLAND BALT	I IMURE   IUWS	15. MOTHER'S A	AAIDEN NAME	N, MD. 2120	)4		
	DR. WILLIAM	POT	TS Ë		ROBI	NOZN		
16a.	WAS DECEASED EVER IN U.S. AF (\$ES NO OF UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL S VEWAR ORDATES) NONE	SECURITY NO. 17. INFORMAN	17306 Yorktown NREEd Corbin		21204		
	PART I. DEATH WAS CAUSE	inly one cause per line for (a), (b) ED BY: GENERA	), and (c).)	IOMATOSIS		PROXIMATE INTERVAL EEN ONSET AND DEATH		
	Conditions, if any, which	DUE TO, OR ARCHYSE	TOMA OF BREAS	T WITH META	STASIS 2	YRS.		
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF					
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE OR	CONDITION GIVEN IN PAR	T 1(o)		
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATION WAS PERFORM		, IN CERTIFYING CAU	ISES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE			YES NO RY OCCURRED (ENTER NATURE O	YES TO YES TO PART OF	NO []		
MEDICAL	(# ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211. LOCATION					
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	1-2-76	10 to 4-6	OR TOWN COUNTY	STATE		
	sow the deceased alive or	oital) atjended the deceased from 4-5	76	ur) opinion death occurred on	the date and hour and from	the causes stated		
	226. SIGNATURE	Hofis		ENDING MEDICAL YSICIAN DIRECTOR P	STAFF	ate signed 4		
	S. SHAFIK,		22e. ADDRESS GREAT	ER BALTIMOR	E MEDICAL C			
230.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CRI	MATORY 23d. LOCATION	N LOUNTY	STATE		
	CREMATION UNERAL DIRECTOR 8728		WESTYTEW MEM.	PK BALT	O BALTO TRAP 256. REDISTRAR'S SIGN	VATURE		
	ORTNG BYERS FUN	IEKAL DIKECTUKS	, F. !A.	L APR 91	JI Manu S	a. The E		



REQUESTED BY WYERS TITLE INS. CORP. IN OFFICIAL RECORDS OF GOUGLAS CO. NEVADA

#5.00 pal.
1978 JUL -6 AN 10: 16

PATRICIA J. WILLIAMS RECORDER arol Cepart Dep.

22685 BOOK 778 PAGE 169