

Affidavit—Death of Joint Tenant

STATE OF ~~NEVADA~~
~~XXXXXX~~

} ss.

COUNTY OF _____

C. Reed Corbin, of legal age, being first duly sworn, deposes and says:
That HELEN P. CORBIN, the decedent mentioned in the attached, certified copy of Certificate of Death, is the same person as Helen Potts Corbin named as one of the parties in that certain Deed dated _____, executed by Moran Enterprises, Inc. to C. Reed Corbin and Helen Potts Corbin, husband and wife, as joint tenants, recorded as Instrument No. 71493, on Feburary 4, 1974, in book 274, page 43, of Official Records of Douglas County, Nevada, covering the following described property situated in the _____, County of Douglas, State of Nevada:

Lot 52, as shown on the map of SIERRA VIEW SUBDIVISION filed in the office of the County Recorder of Douglas County on April 18, 1960, as File No. 15897.

Dated May 25, 1978

C. Reed Corbin
C. Reed Corbin

SUBSCRIBED AND SWORN TO before me

this 2nd day of June, 1978

Signature Gordon G. Power

Gordon G. Power
Name (Typed or Printed)

SEAL

(This area for official notarial seal)

RECORDING REQUESTED BY

L.T.I.C.

AND WHEN RECORDED MAIL TO

SPACE BELOW THIS LINE FOR RECORDER'S USE

22685

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VALID ONLY
WITH
IMPRESSED
SEAL

HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD
IN FILE IN THE DIVISION OF VITAL RECORDS.

APR 9 1976

James O. ...
ACTING STATE REGISTRAR OF VITAL RECORDS

WARNING: It is illegal to duplicate this copy by photostat or photograph.

SEAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

FOR
1 - STATE
REGISTRAR

REG. NO.

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST HELEN P. CORBIN | | | 2a. DATE OF DEATH MONTH DAY YEAR 4 6 '76 | | | 2b. HOUR 3:30AM | |
| 3. SEX FEMALE | | 4. RACE CAUC | | 5. DATE OF BIRTH MONTH DAY YEAR 8 8 '03 | | 6. AGE (IN YEARS LAST BIRTHDAY) 72 | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WILKENSBERG, PA. | | 7b. CITIZEN OF WHAT COUNTRY? U. S. A. | | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. BALTIMORE CITY OR COUNTY OF DEATH BALTO. COUNTY MD. | |
| 10. CITY OR TOWN OF DEATH TOWSON | | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GBMC-6701 N. CHARLES ST. | | | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) EXECUTIVE DIRECTORS - BALTO. | | 12b. KIND OF BUSINESS OR INDUSTRY |
| 13a. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE MARYLAND | | | 13b. COUNTY BALTIMORE | 13c. CITY OR TOWN TOWSON | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 13e. STREET ADDRESS CO. PUB. HEALTH 7306 YORKTOWNE DR TOWSON, MD. 21204 |
| 14. FATHER'S NAME FIRST MIDDLE LAST DR. WILLIAM POTTS | | | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST EDNA ROBINSON | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO | | 16b. SOCIAL SECURITY NO. (IF YES, GIVE YEAR OR DATES) NONE | | 17. INFORMANT 7306 Yorktowne Drive A. M. Reed Corbin Towson, Md. 21204 | | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO, OR AS A CONSEQUENCE OF (b) CARCINOMA OF BREAST WITH METASTASIS | | 2 YRS. |
| DUE TO, OR AS A CONSEQUENCE OF (c) | | |

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | | | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK AT WORK | | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from 4-3-76 , 19 76 , to 4-6 , 19 76 , that (I) (we) last saw the deceased alive on 4-5 , 19 76 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE <i>S. Shafik</i> | | | | DEGREE M.D. | | 22c. DATE SIGNED 4-6-76 | |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) S. SHAFIK, M.D. | | | | 22e. ADDRESS GREATER BALTIMORE MEDICAL CENTER | | | |

| | | | | | | |
|--------------------------------------------------------------------------------------------------|--|------------------------------|----------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION | | 23b. DATE 4/6/1976 | 23c. NAME OF CEMETERY OR CREMATORY WESTVIEW MEM. PK. | | 23d. LOCATION CITY OR TOWN COUNTY STATE BALTO BALTO MD. | |
| 24. FUNERAL DIRECTOR 8728 Liberty Road 21155 LORING BYERS FUNERAL DIRECTORS, P. A. | | | | 25a. DATE REC'D. BY REGISTRAR APR 9 1976 | | 25b. REGISTRAR'S SIGNATURE <i>James O. ...</i> |

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LAWYERS TITLE INS. CORP.

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

\$5.00 pd.

1978 JUL -6 AM 10:16

PATRICIA J. WILLIAMS
RECORDER

Carol Ukert

Rep.

22685

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