

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
)
) SS
Carson Citty)

WANDA BEAUCHAMP, being first duly sworn, deposes and says:

That JACK BEAUCHAMP was a grantee in that certain Grant Deed dated the 6th day of October, 1980, wherein JOHN WILLIAM ROBINSON, an unmarried man, is the grantor, and JACK BEAUCHAMP and WANDA BEAUCHAMP, husband and wife, as joint tenants, are grantees, conveying to said grantees that certain lot, piece and parcel of land situate in the County of Douglas, State of Nevada, and more particularly described as follows, to-wit:

A parcel of land situated in the Southwest 1/4 of the Southeast 1/4 of Section 21, Township 14 North, Range 20 East, M.D.B. & M., and further described as follows:

COMMENCING at a point North 12°05 East a distance of 476.4 feet from the South Quarter corner of said Section 21; thence North parallel with and 100.00 feet East of the present fence a distance of 427.00 feet to the Northwest corner of the parcel; thence East a distance of 820.00 feet to the Northeast corner of the parcel; thence South a distance of 427.00 feet to the Southeast corner of the parcel; thence West a distance of 820.00 feet to the True Point of Beginning.

That said Grant Deed was recorded on the 16th day of October, 1980, in Book No. 1080, at Page 1286, of the Official Records of Douglas County, Nevada as File No. 49704.

That JACK BEAUCHAMP, one of the grantees in said Grant Deed, died on the 14th day of June, 1981, and is the identical person named in that certified copy of death certificate attached hereto; that said certified copy of death certificate is hereby referred to and by such reference is incorporated into this para-

✓
LAW OFFICES
ALLISON, BRUNETTI,
MACKENZIE, HARTMAN,
SOUMBENIOTIS
& RUSSELL, LTD.
402 N. Division St.
Carson City, NV 89701

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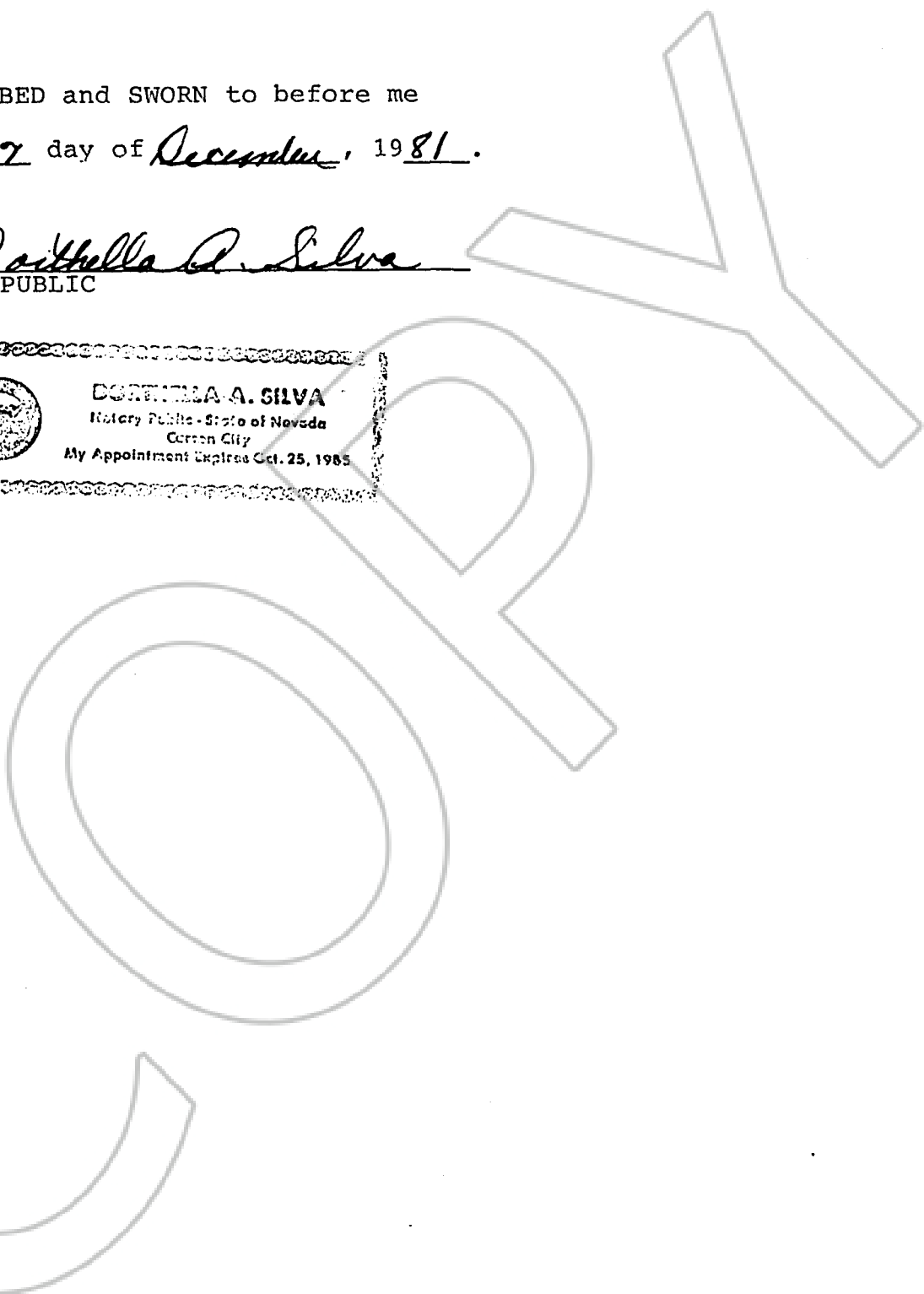
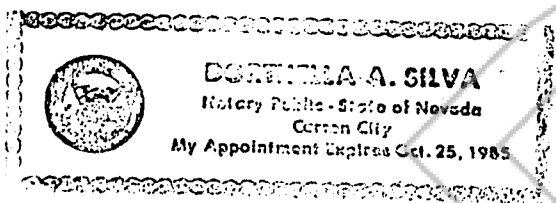
graph as though herein fully set forth.

DATED this 17 day of 12, 1981.

Wanda Beauchamp
WANDA BEAUCHAMP

SUBSCRIBED and SWORN to before me
this 17 day of December, 1981.

Dorabella A. Silva
NOTARY PUBLIC



STATE OF NEVADA

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

| | | | |
|--|--|--|---|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last 1 Jack Milton BEAUCHAMP | | | DATE OF DEATH (Month, Day, Year) 2 June 14, 1981 |
| CITY, TOWN, OR LOCATION OF DEATH 3b Carson City | | | HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 3c Carson Tahoe Hospital |
| HACE—(e.g. White, Black, American Indian, etc.) (Specify) 4a White | | ETHNIC 4b American | AGE—Last Birthday (Years) 5a 53 |
| STATE OF BIRTH (if not U.S.A., name country) 8 Washington | | CITIZEN OF WHAT COUNTRY 9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married |
| SOCIAL SECURITY NUMBER 13 [REDACTED] 1634 | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Contractor | KIND OF BUSINESS OR INDUSTRY 14b Building-Construction |
| RESIDENCE—STATE 15a Nevada | | COUNTY 15b Douglas | CITY, TOWN, OR LOCATION 15c Minden |
| FATHER—NAME First Middle Last 16 Merrill BEAUCHAMP | | MOTHER—MAIDEN NAME First Middle Last 17 Elveda WOOD | |
| INFORMANT—NAME (Type or Print) 18a Mrs. Wanda BEAUCHAMP | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 4440 Vickey Lane, Minden, Nevada 89423 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial | | CEMETERY OR CREMATORY—NAME 19b Waltons Carson Gardens | |
| FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a <i>William P. Mills</i> | | NAME AND ADDRESS OF FACILITY 20b Walton Funeral Home 1281 N Roop St. Carson City, Nevada | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Robert D. Basta</i> DATE SIGNED (Mo., Day, Yr.) 21b June 17, 1981 | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON | |
| 21c. HOUR OF DEATH 21c 0800 | | 22c. HOUR OF DEATH 22c PRONOUNCED DEAD (Hour) | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 Robert D. Basta 530 N Division Street Carson City, Nevada 89701 (MD) | | | |
| REGISTRAR 24a (Signature) <i>Morty L. Quinn</i> | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b June 17, 1981 | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | Interval between onset and death | |
| PART I (a) Cardio-pulmonary arrest DUE TO, OR AS A CONSEQUENCE OF: | | : minutes | |
| (b) Progressive hypoxia DUE TO, OR AS A CONSEQUENCE OF: | | : hours | |
| (c) Probable pulmonary embolus | | : hours | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <i>Severely wide spread CARCINOMATOSIS</i> | | AUTOPSY (Specify Yes or No) 26. No | |
| WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 27. No | | | |
| ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST (Specify) 28a | | DATE OF INJURY (Mo., Day, Yr.) 28b | |
| HOUR OF INJURY 28c | | DESCRIBE HOW INJURY OCCURRED 28d | |
| INJURY AT WORK (Specify Yes or No) 28e | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f | |
| LOCATION | | STREET OR R.F.D. No. | |
| CITY OR TOWN | | STATE | |

SEAL **Nº 27006**

This is to certify that the above is a true and correct copy of the certificate on file in this office.

John H. Carr, M.D.
John H. Carr, M.D.
STATE REGISTRAR

Date Issued: *JUN 17 1981*



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Allison Brumetti et al

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Carol J. Clark 63594

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