AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA

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says:

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Carson City

WANDA A. BEAUCHAMP, being first duly sworn, deposes and

That JACK M. BEAUCHAMP was a grantee in that certain Grant, Bargain and Sale Deed dated the 29th day of December, 1980, wherein JOHN B. ANDERSON and EDITH ANDERSON, husband and wife, are the grantors, and JACK M. BEAUCHAMP and WANDA A. BEAUCHAMP, husband and wife, as joint tenants with rights of survivorship, 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:

The Southwest 1/4 of the Southeast 1/4 of Section 21, Township 14 North, Range 20 East, M.D.B. & M.

EXCEPT THEREFROM that portion of the South-west ½ of the Southeast ½ of said Section 21 conveyed to H.E. McKAY and wife, by instrument recorded May 8, 1946, in Book X of Deeds, Page 473, Douglas County, Nevada, records described as follows:

A plot of ground situate in the Southwest \(\frac{1}{3} \) of the Southeast \(\frac{1}{3} \) of Section 21, Township 14, Range 20 East, M.D.B. \(\tilde{8} \) M., further described as follows:

BEGINNING at a point North 12°05' East, 476.40 feet from the ½ corner of the South boundary of said Section 21; thence North 854.00 feet, parallel to and 100 feet East of the present fence; thence East 820.00 feet; thence South 854.00 feet; thence West 820.00 feet to the Point of Beginning.

RESERVING THEREFROM a non-exclusive easement for road and public utilities over and across the Westerly 40 feet of said land.

That said Grant, Bargain and Sale Deed was recorded on the 30th day of December, 1980, in Book No. 1280, at Page 1819, of the Official Records of Douglas County, Nevada as File No. 52072.

That JACK M. BEAUCHAMP, one of the grantees in said Grant, Bargain and Sale Deed, died on the 14th day of June, 1981,

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

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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 incor-porated into this paragraph as though herein fully set forth. DATED this 17 day of 12 SUBSCRIBED and SWORN to before me this 17 day of Secentur, 1981. Dorthella A. Srlva Notary Public - State of Nevsda Carson City My Appointment Expires Oct. 25, 1985 A STANDARD OF SECTION SECTION OF SECTION AND A

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

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La A. Blauchamp

DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH**



No '

VITAL STATISTICS STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS **CERTIFICATE OF DEATH** STATE FILE NUMBER LOCAL FILE NUMBER COUNTY OF DEATH Middle DATE OF DEATH (Month, Day, Year) DECEASED-NAME First Jack Milton **BEAUCHAMP** June 14, 1981 3a. Carson City HOSPITAL OR OTHER INSTITUTION-Name (If not in either, give street and number) If Hosp or Inst Indicate DOA, OP/Emer Rm, Inpatient (Specify) CITY, TOWN, OR LOCATION OF DEATH Carson City 3c Carson Tahoe Hospital 3d Inpatient HACE—(e.g., White, Black, American Inclan, ptc.) (Specify) White AGE-Last Birthday (Years) 5s. 53 DATE OF BIRTH (Mo. Day. Yr.) UNDER 1 YEAR UNDER I DAY MOS DAYS American June 1, 1928 , Male STATE OF BIRTH CITIZEN OF WHAT COUNTRY RRIED, NEVER MARRIED. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specily Yes or No) Yes SURVIVING SPOUSE (if wife, give maiden name) (if not USA, name country)
Washington WIDOWED DWORCED (Specify) Married Wanda GENTRY U.S.A, SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of KIND OF BUSINESS OR INDUSTRY Working Life, Even if Relired)
CONTRACTOR 1634 Building-Construction RESIDENCE-STATE CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS 15d 4440 Vickey Lane Nevada Douglas Minden 15e FATHER-NAME First Middle Last MOTHER-MAIDEN NAME WOOD Merrill BEAUCHAMP **Elveda** MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) INFORMANT-NAME (Type or Print) 18b. 4440 Vickey Lane, Minden, Nevada 89423 Mrs. Wanda BEAUCHAMP BURIAL, CREMATION, REMOVAL, OTHER (Specily) CEMETERY OR CREMATORY-NAME

20Walton Funeral Home 1281 N Roop St. Carson City, Nevada 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) (Signature and Title) HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) 216 June 17 1981 21c. 0800
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)

19b Waltons Carson Gardens

NAME AND ADDRESS OF FACILITY

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)

530 N Division Street Carson City, Nevada 89701

| DATE RECEIVED BY REGISTRAH (Mo. Day, Yr.) Robert D. Basta REGISTRAR 24a (Signature) MLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25. IMMEDIATE CAUSE pulmona minuites DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death DUE TO, OR ASI CONSEQUENCE OF O4 PMONAVY 7011/5 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) (Specify Yes or No) SPULAC CATCINUMA.A. TOSIS ACC. SUICIDE HOM, UNDET DATE OF INJURY (Mo, DSy, Yr.)
OR PENDING INVEST
(Scienty) DESCRIBE HOW INJURY OCCURRED HOUR OF INJURY 28d. 28b 28a STREET OR R.F.D. No CITY OR TOWN INJURY AT WORK (Specify Yes or No) PLACE OF INJURY-At home, farm, street, factory, office building, LOCATION

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Burial

FUNERAL DIRECTOR-SIGNATURE (Or Person Acting as Such)

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

etc. (Specify)

Date Issued:

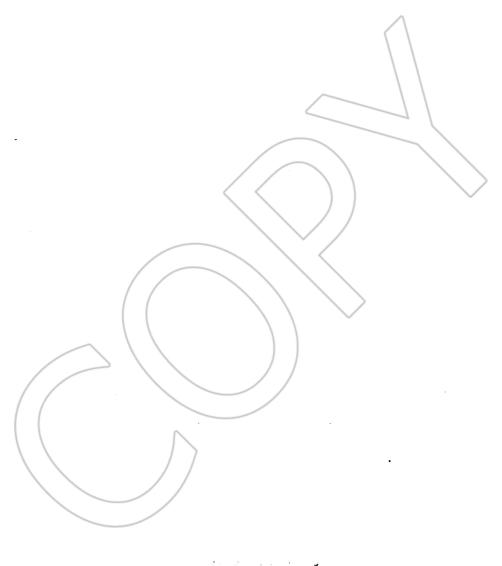
JUN 19

19c Carson City, Nevada

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No

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SUZANNE BE AUBREAU
RECORVER

GASSI GENERAL 63595

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