

# Affidavit - Death of Joint Tenant

DO-5130-70

STATE OF NEVADA,

County Of WASHOE

} ss.

LILLIAN M. POWNING, of legal age, being first duly sworn, deposes and says:  
 That VERNON W. POWNING, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VERNON W. POWNING named as one of the parties in that certain Deed of Trust dated July 2, 1981, executed by ROBERT W. STEVENSON and ALICE J. STEVENSON, husband and wife as community property Vernon W. Powning and Lillian M. Powning, husband and wife as joint tenants, recorded as Instrument No. 58365, on July 20, 1981, in book 781, page 1259, of Official Records of Douglas County, Nevada, covering the following described property situated in the Douglas County of Douglas, State of Nevada:

Lot 2, Unit B, as shown on the map of TAHOE VILLAGE UNIT NO. 1, (an amended map of Alpine Village Unit No. 1), filed in the office of the County Recorder of Douglas County, Nevada on December 7, 1971, file No. 55769.

Dated April 28 1982

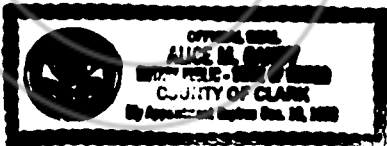
*Lillian M. Powning*  
 LILLIAN M. POWNING

SUBSCRIBED AND SWORN TO before me

this 28th day of April, 1982

Signature *Alice M. Gandy*

Name (Typed or Printed) ALICE M. GANDY



(This area for official notarial seal)

RECORDING REQUESTED BY

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## CERTIFICATE OF DEATH

LOCAL FILE NUMBER

407

STATE FILE NUMBER

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME First Middle Last <b>Vernon Woodrow POWNING</b>		2 DATE OF DEATH (Month, Day, Year) <b>2 March 25, 1981</b>		3 COUNTY OF DEATH <b>Washoe</b>	
1a CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		1b HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <b>St. Mary's Hospital</b>		1c If Hosp or Inst Indicate DOA, OP, Emer Rm, Inpatient (Specify) <b>Inpatient</b>	
4a RACE—(e.g. White, Black, American Indian, etc.) (Specify) <b>White</b>		4b ETHNIC <b>English</b>		5 AGE—Last Birthday (Years) MONTHS (DAYS) HOURS (MINS) <b>56 61 00 00 00</b>	
6 STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		7 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
9 SOCIAL SECURITY NUMBER <b>4918</b>		10 USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Lumberman</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Lillian Canonic</b>	
12a RESIDENCE—STATE <b>Nevada</b>		12b COUNTY <b>Washoe</b>		12c CITY, TOWN, OR LOCATION <b>Verdi</b>	
12d STREET AND NUMBER		12e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		12f	
13 FATHER—NAME First Middle Last <b>Charles G. Powning</b>			14 MOTHER—MAIDEN NAME First Middle Last <b>Iris Nicholas</b>		
15a # OF MARRIAGE—NAME (Type or Print) <b>Lillian Powning</b>			15b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>Postoffice Box # 433, Verdi, Nevada, 89439</b>		
16a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		16b CEMETERY OR CREMATORY—NAME <b>Masonic Memorial Gardens</b>		16c LOCATION City or Town State <b>437 Stoker Ave. Reno, Nevada</b>	
17a FUNERAL DIRECTOR, SIGNATURE (If Person Acting as Such) <i>[Signature]</i>		17b NAME AND ADDRESS OF FACILITY <b>Walton Funeral Home, 875 West 2nd St., Reno, Nevada, 89503</b>			
21a To be completed by Certifying Physician 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>3/25/81</b>		21b HOUR OF DEATH <b>12:20 A.M.</b>		21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>J. K. Wheeler, M. D., 607 N. Arlington Ave., Reno, Nevada 89503</b>	
22a To be completed by MEDICAL EXAMINER or Coroner Only 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22b HOUR OF DEATH		22c PRONOUNCED DEAD (Mo., Day, Yr.)	
22d ON		22e AT		22f	
23 REGISTRAR 23a (Signature) <i>[Signature]</i> Deputy Registrar 23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 26, 1981</b>					
24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Cornal &amp; Cardiovascular arrest</b> DUE TO, OR AS A CONSEQUENCE OF. (b) <b>bronchopneumonia, congestive heart failure, hypertension</b> DUE TO, OR AS A CONSEQUENCE OF. (c) <b>metastatic bronchogenic carcinoma of lung</b>					
25 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>prolonged secondary to carcinomatous involvement, lumber spine</b>					
26a A.C.E. SINCE YEAR UNDER CERTIFYING AGENCY		26b DATE OF INJURY (Mo., Day, Yr.)		26c HOUR OF INJURY	
26d PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26e LOCATION		26f STREET OR R.F.D. No. CITY OR TOWN STATE	
26g		26h		26i	

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

No. 000268

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT WASHOE COUNTY, NEVADA

ON MAR 27 1981

*Michael J. ...*  
ACTING REGISTRAR-VITAL STATISTICS  
BY *Suzanne Beaudreau*  
DEPUTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE THE FEE FOR THIS CERTIFICATE IS \$2.00

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SUZANNE BEAUDREAU  
RECORDER

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285

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