

AFFIDAVIT BY SURVIVING JOINT TENANT

State of MONTANA )  
County of Flathead ) ss.

PATRICIA A. PLIMPTON being first duly sworn, deposes and says:  
That affiant is the surviving spouse of CLYDE A. PLIMPTON,  
and that the affiant and the said CLYDE A. PLIMPTON,  
deceased, are the grantees in joint tenancy with the right of survivorship under a deed  
of conveyance affecting the following described real property, situate in the County of  
Douglas, State of Nevada, recorded in Book 682 ,  
Page 1647 , Document No. 69011

Lot 18 of Gardnerville Ranchos as shown on the official map thereof filed in  
the office of the County Recorder of Douglas County, Nevada, on November  
30, 1964, in Book 1 of Maps, as file no. 26665.

That the said CLYDE A. PLIMPTON, one of the joint  
tenant grantees in said deed, died on the 3rd day day of December, 1982  
in County of Flathead, State of Montana.

That all interest in and to said real property vested absolutely in affiant, namely,  
PATRICIA A. PLIMPTON as of the date of said decedent's death.

Patricia A. Plimpton

SUBSCRIBED and SWORN to before me this 5th day of January, 1983,

Tom Hoover

Notary Public for the State of Montana  
Residing at Bigfork, Montana  
My Commission Expires May 19, 1985.

SEAL

For Recorder Use

LOCAL FILE NUMBER				STATE FILE NUMBER			
DECEDENT - NAME FIRST <b>CLYDE</b>		MIDDLE <b>ALLEN</b>		LAST <b>PLIMPTON</b>		SEX <b>MALE</b>	DATE OF DEATH (Mo., Day, Yr.) <b>3 DECEMBER 3, 1982</b>
RACE - White, Black, American Indian, etc. (Specify) <b>white</b>		AGE - Last Birthday (Years) <b>70</b>	UNDER 1 YEAR Mos. Days	UNDER 1 DAY Hours Min.	DATE OF BIRTH (Mo., Day, Yr.) <b>September 8, 1912</b>		COUNTY OF DEATH <b>Flathead</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Bigfork</b>			HOSPITAL OR OTHER INSTITUTION - Name (if not in other, give street and number) <b>965 Eastman Road</b>			7d HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) <b>home</b>	
STATE OF BIRTH (if not in U.S. name country) <b>Montana</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		SURVIVING SPOUSE (if wife, give maiden name) <b>Patricia Quinn</b>	
SOCIAL SECURITY NUMBER <b>7891</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>contractor</b>		KIND OF BUSINESS OR INDUSTRY <b>home construction</b>		14 WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No) <b>no</b>	
RESIDENCE - STATE <b>Montana</b>	COUNTY <b>Flathead</b>	CITY, TOWN, OR LOCATION <b>Bigfork</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>no</b>	STREET AND NUMBER <b>965 Eastman Rd.</b>		
FATHER - NAME FIRST MIDDLE LAST <b>Allen Plimpton</b>			MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Theone Taylor</b>				
INFORMANT - NAME (Type or Print) <b>Patricia Plimpton</b>				MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP <b>965 Eastman Road, Bigfork, Montana 59911</b>			
CEMETERY OR CREMATORY - NAME <b>Heatherford Crematory</b>				LOCATION CITY OR TOWN STATE <b>Kalispell Montana</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>cremation</b>				MORTUARY OR OTHER - NAME AND ADDRESS <b>Johnson Mortuary Box 966, Kalispell, Mt. 59901</b>			
DATE OF DISPOSITION (Month, Day, Year) <b>December 4, 1982</b>				PERSON IN CHARGE OF DISPOSITION License Number <b>127</b>			
21 To be Completed by CERTIFYING PHYSICIAN Only				22 To be Completed by CORONER Only			
23a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				24a 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>J. Logan Rogers</i>				(Signature and Title) <i>James Johnson</i>			
DATE SIGNED (Month, Day, Year) <b>12/12/82</b>		HOUR OF DEATH <b>1628</b>		DATE SIGNED (Month, Day, Year) <b>12-4-1982</b>		HOUR OF DEATH <b>1628</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. J. Logan Rogers</b>				PRONOUNCED DEAD (Mo., Day, Yr.) <b>12-4-1982</b>			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) <b>1st Ave. W.N. &amp; Nevada, Kalispell, Montana 59901</b>				PRONOUNCED DEAD (Hour) <b>AT</b>			
25 LOCAL REGISTRAR <i>[Signature]</i>				DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.) <b>12-4-1982</b>			
27 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) <i>[Handwritten Cause]</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(b) <i>[Handwritten Cause]</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(c) <i>[Handwritten Cause]</i>							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)						AUTOPSY (Specify Yes or No) <b>no</b>	WAS CASE REFERRED TO CORONER? (Specify Yes or No) <b>yes</b>
ACCIDENT, BUNCO, OR HOMICIDE UNDER OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
30a		30b		30c		30d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		LOCATION STREET OR R.F.D. NO		CITY OR TOWN STATE	
31a		31b		31c		31d	

By: *[Signature]* DEPUTY  
 COUNTY CLERK AND RECORDER  
 Filed on the 6 day of Dec  
 A. D. 1982 at O'Clock A.M.

STATE OF MONTANA  
 COUNTY OF FLATHEAD

Bureau of  
 Cause  
 Striking The  
 Underlying  
 Cause Last

CAUSE OF DEATH

REQUESTED BY  
*[Signature]*

1982 JAN -7 PM 1:03

SUZANNE BEAUREAU  
 RECORDER

*[Signature]* 074989  
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STATE OF MONTANA  
 COUNTY OF FLATHEAD  
 I, IRIS I. HINDMAN  
 COUNTY CLERK & RECORDER, IN AND FOR THE  
 SAID COUNTY OF FLATHEAD, STATE OF MONTANA,  
 HEREBY CERTIFY THE ANNEXED AND FOLLOWING TO  
 BE A FULL, TRUE AND CORRECT COPY OF A CERTAIN  
 BIRTH CERTIFICATE  
 DEATH CERTIFICATE  
 TOGETHER WITH THE ENDORSEMENT THEREON, AS  
 THE SAME APPEARS OF RECORD IN THIS OFFICE.  
 WITNESS MY HAND AND SEAL OF SAID FLATHEAD  
 COUNTY, MONTANA, AFFIXED THIS 17th  
 DAY OF Dec **SEAL** A.D. 1982  
 TRIS I. HINDMAN  
 DEPUTY