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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
 : SS.
County of Douglas.)

DOLORES JONES, being first duly sworn, deposes and says:

That she is the surviving joint tenant named in that certain deed whereby ARLEN D. HULSEY and NANCY V. HULSEY, conveyed to LAWRENCE J. JONES and DOLORES JONES, as joint tenants, that certain real property situate in Douglas County, Nevada, described as follows, to-wit:

Lot 21, as said lot is shown on the official plat of GARDNERVILLE RANCHOS, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 30, 1964, in Book 1 of Maps, Filing No. 26665.

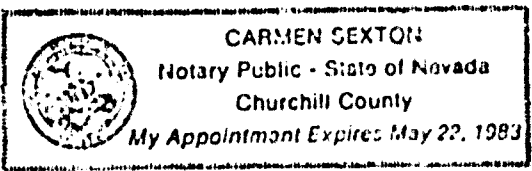
which deed was dated January 12, 1973, and recorded as document No. 63705, in Book 173, Page 271, Official Records of Douglas County, Nevada.

That LAWRENCE J. JONES died on the 25th day of January, 1983, in the county of Douglas, state of Nevada; that a full, true and correct copy of the Certificate of Death of said LAWRENCE J. JONES is attached hereto, marked Exhibit "A", and by this reference made a part hereof; that the person named in said Certificate of Death as LAWRENCE J. JONES is the identical person named in the aforesaid deed.

Dolores A. Jones
DOLORES JONES

SUBSCRIBED and SWORN to before me this 28th day of February, 1983.

Carmen Sexton
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 | | DECEASED NAME | | DATE OF DEATH (Month, Day, Year) | | STATE FILE NUMBER | |
| 1 Lawrence | | Jay JONES | | Jan. 25, 1983 | | 3 Douglas | |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION (Name if not either, give street and number) | | INSIDE CITY LIMITS (Specify Yes or No) | | If Hosp. or Inst. indicate DOA or Emer. Plm. Inpatient (Specify) | |
| 30 Gardnerville | | 1/2mi. So. Industrial Way on 395 | | 31 No | | 32 | |
| RACE (e.g. White, Black, American Indian, etc.) (Specify) | | ETHNIC | | AGE - Last Birthday (Years) | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 4 White | | 4b American | | 5a 49 | | 6 May 7, 1933 | |
| SEX | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | SURVIVING SPOUSE (If wife, give maiden name) | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) | |
| 7 Male | | Married | | 11 Dolores Gould | | 12 Yes | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | SURVIVING SPOUSE (If wife, give maiden name) | |
| 8 California | | 9 U.S.A. | | Married | | 11 Dolores Gould | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (If not Working, give last occupation) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 13 5864 | | 14a Splicing Tech. | | 14b Telephone Co. | | | |
| RESIDENCE - STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | |
| 15a Nevada | | 15b Douglas | | 15c Gardnerville | | 15d 951 Riverview Dr. No | |
| FATHER NAME | | MOTHER NAME | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | SURVIVING SPOUSE (If wife, give maiden name) | |
| 16 Orville | | Jones | | Married | | 11 Dolores Gould | |
| DECEASED NAME (Type or Print) | | MARRIAGE ADDRESS (Street or RFD No., City or Town, State, Zip) | | | | | |
| 18a Dolores Jones | | 18b P.O. Box 852 Gardnerville, Nevada 89410 | | | | | |
| BURIAL (CREMATION, REMOVAL, OTHER) (Specify) | | CEMETERY OR CREMATORY NAME | | LOCATION (City or Town, State) | | | |
| 19a Cremation | | 19b Sierra Crematory | | 19c Reno Nevada | | | |
| FURNERAL DIRECTOR (Signature or Print) | | NAME AND ADDRESS OF FACILITY | | | | | |
| 20a [Signature] | | 20b Walton Funeral Home 1281 N Roop Carson City, Nev. | | | | | |
| 21a Signature and Title | | 21b HOUR OF DEATH | | 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 stated. | | 22b On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause stated. | |
| 21c [Signature] | | 21d [Signature] | | 22c Jan. 27, 1983 | | 22d 1630 | |
| 21e NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) | | 21f HOUR OF DEATH | | 22e Jan. 25, 1983 | | 22f AT 1650 | |
| 21g NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) | | 21h | | 22g ON Jan. 25, 1983 | | 22h AT 1650 | |
| 23 Allen Baumruck Dep. Coroner Box 218 Minden, Nv. 89423 | | 23a Signature [Signature] | | 23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | 23c DEATH DUE TO COMMUNICABLE DISEASE | |
| 23d IMMEDIATE CAUSE (Mention only ONE CAUSE PER LINE FOR 1, 2, 3, AND 4) | | 23e | | 23f January 27, 1983 | | 23g YES NO X | |
| 4a Massive Trauma | | 4b | | 4c | | 4d | |
| 5a OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART 4) | | 5b AUTOPSY (Specify Yes or No) | | 5c WAS CASE REFERRED TO CORONER (Specify Yes or No) | | 5d | |
| 5a | | 5b No | | 5c Yes | | 5d | |
| 6a ACCIDENT (Specify Yes or No) | | 6b DATE OF INJURY (Mo., Day, Yr.) | | 6c HOUR OF INJURY | | 6d DESCRIBE HOW INJURY OCCURRED | |
| 6a No | | 6b Jan. 25, 1983 | | 6c 1630 | | 6d Traffic Accident | |
| 7a PLACE OF INJURY (All home, farm, street, factory, office, building, etc.) (Specify) | | 7b LOCATION | | 7c STREET OR RFD No. | | 7d CITY OR TOWN STATE | |
| 7a Street | | 7b 1/2mi So. Industrial Wy. on 395 | | 7c | | 7d Gardnerville, Nv. | |

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF COPY MADE BY VENDOR, PLEASE PRINT NAME AND ADDRESS OF VENDOR

PARENTS

DISPOSITION

CERTIFIER

IF THIS DEATH IS TO BE REPORTED TO THE STATE DEPARTMENT OF HEALTH, THE SIGNATURE OF THE CERTIFIER IS REQUIRED

CAUSE OF DEATH

VITAL RECORDS

SEAL

No 40108

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

Date Issued: JAN 27 1983

John H. Carr, M.D.
STATE REGISTRAR



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036565

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\$6.00 JK

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SUZANNE BENOUREAU
RECORDER

Betty Hender
Rep

076559

LIBER 383 PAGE 018