

AFFIDAVIT OF DEATH

STATE OF CALIFORNIA,)
) SS
 COUNTY OF)

I, W. MARIE DE BOOY, being first duly sworn, depose and say that:

1. I am a surviving daughter of HARRY ROBERT CLAPHAM, deceased, and as such am fully informed as to the real and personal property held by him at his death.

2. The real property owned by the deceased on the date of death consisted of the following:

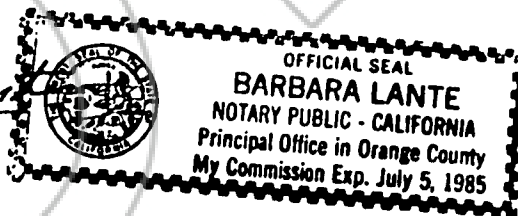
Lots 3, 4 and 5, IDLE ACRES SUBDIVISION, in the South 1/2 of the Southeast 1/4 of Section 33, Township 14 North, Range 20 East, M.D.B.&M., in the County of Douglas, State of Nevada.

3. A certified copy of the Certificate of Death of the above-named decedent is attached hereto showing the date of death as December 2, 1980.

W. Marie De Booy
 W. MARIE DE BOOY

Subscribed and sworn to before me this 6th day of January, 1984.

Barbara Lante
 Notary Public



return to:
 Julian C. Smith, Jr.
 502 N. Division St.
 Carson City, NV 89701

Mail Tax Statements to:
 Marie W. DeBooy
 18802 Nettlewood Circle
 Huntington Beach, CA 92646

Telephone (702) 883-3200

Carson City, Nevada 89701

502 N. Division St.

Attorneys At Law

SMITH & GAMBLE, LTD.

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

801

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE PRINT IN JAWBENT OR MARK

IDENT

WITH RED IN JAWBENT OR MARK

IDENT

SITION

ERTIFIER

DITIONS (A) CH GAVE USE TO MEDICATE CAUSE DURING THE PERIOD USE LAST

USE OF DEATH

DECEASED—NAME First Middle Last Harry Robert CLAPHAM			DATE OF DEATH (Month, Day, Year) December 2, 1980		COUNTY OF DEATH Carson City
CITY, TOWN, OR LOCATION OF DEATH Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Carson Tahoe Hospital			If Home or Inst. Indicate DOA, OP, Emer. Inst. Inpatient (Specify) Inpatient
HAIR—(eg. White, Black, American Indian, etc.) (Specify) White	ETHNIC American	AGE—Last Birthday (Years) 73	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6 January 20, 1907
SEX Male	STATE OF BIRTH (if not U.S.A., name country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) Vivian FOLEY	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
SOCIAL SECURITY NUMBER [REDACTED] 3471-A	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder	KIND OF BUSINESS OR INDUSTRY Self-employed 245-B			
RESIDENCE—STATE Nevada	COUNTY Douglas	CITY, TOWN, OR LOCATION Minden	STREET AND NUMBER Downs & Clapham Sts.	INSIDE CITY LIMITS (Specify Yes or No) NO	
FATHER—NAME First Middle Last Hall CLAPHAM	MOTHER—MAIDEN NAME First Middle Last				
INFORMANT—NAME (Type or Print) Mrs. Vivian CLAPHAM	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Rte 1 Box 680 Minden, Nevada 89701				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—NAME Lone Mountain Cemetery	LOCATION City or Town State Carson City, Nevada			
Funeral Director—SIGNATURE (Of Person Acting as Such) William P. Miller	NAME AND ADDRESS OF FACILITY Walton Funeral Home 1281 N. Roop St. Carson City, Nevada				
21a To the best of my knowledge, death occurred on the _____ date and place and due to the cause(s) stated. (Signature and Title) Jack S. Harper MD			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]		
DATE SIGNED (Mo., Day, Yr.) 12-3-80	HOUR OF DEATH 7:15 P.M.	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]	22b PRONOUNCED DEAD (Mo., Day, Yr.)		22c PRONOUNCED DEAD (Hour)		
21d	22d ON		22e AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Jack S. Harper (MD) 710 West Washington, Carson City, Nevada 89701					
REGISTRAR 24a (Signature) Grace M. Kwam	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 5, 1980				
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART 1 (a) Cardiac Arrest & Respiratory Failure			Interval between onset and death		
(b) SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE			Interval between onset and death		
(c) Intractable Congestive Failure			Interval between onset and death		
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) Post Op Status Cholecystectomy				AUTOPSY (Specify Yes or No) 26 No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify yes or No) 27 No
ACC. SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify) 28a	DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c M	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 28g	STREET OR R.F.D. No. CITY OR TOWN STATE		

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

Date issued: DEC 23 1983

William C. Miller
Deputy Registrar

№ 2216



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COPY

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SUZANNE BEAUDREAU
RECORDER

Betty Newton
Rep

094157

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