

AND WHEN RECORDED MAIL TO

Name **RAYMOND LEE SHULL**
Street Address **12 CENTURY CIRCLE**
City & State **CARSON CITY, NV 89701**

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

NEVADA
STATE OF ~~CALIFORNIA~~
County of DOUGLAS } ss.

Raymond Lee Shull of legal age, being first duly sworn, deposes and says:
That PATRICIA E. SHULL the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as named as one of the parties in that certain
executed by dated
to
as joint tenants, recorded as Instrument No. on in
book 282 page 1021 of Official Records of
County, California, covering the following described property situated in the
Douglas County of DOUGLAS State of California:
NEVADA

That the value of all real and personal property owned by said decedent at date of death,
including the full value of the property above described, did not then exceed the sum of \$.....

Dated Feb 23, 1984

SUBSCRIBED AND SWORN TO before me

this 23 day of Feb 1984

Signature Phillip C. Burks
Name (Typed or Printed)

Raymond Lee Shull
RAYMOND LEE SHULL



(This area for official notarial seal)

Title Order No. Escrow or Loan No. **097265..**

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STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SET NUMBER REGARDING COMPLETION OF REPORT ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH HAVE AROSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1 Patricia E. SHULL		DATE OF DEATH (Month, Day, Year) November 15, 1983	COUNTY OF DEATH Carson City
CITY, TOWN, OR LOCATION OF DEATH 3b Carson City		HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 3c Carson Tahoe Hospital	INSIDE CITY LIMITS (Specify Yes or No) 3d Yes
RACE - (n.g., White, Black, American Indian, etc) (Specify) 4a White		ETHNIC 4b American	AGE—Last Birthday (Years) 5a 62
STATE OF BIRTH (If not U.S.A., name country) 6 Montana		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married
SOCIAL SECURITY NUMBER 13 [REDACTED] 8951		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home
RESIDENCE—STATE 15a Nevada		COUNTY Carson City	CITY, TOWN OR LOCATION 15c Carson City
FATHER—NAME First Middle Last 16 Harley Ravencroft		MOTHER MAIDEN NAME First Middle Last Bess Dehaven	DATE OF BIRTH (Mo., Day, Yr.) July 18, 1921
INFORMANT—NAME (Type or Print) 18a Raymond Lee Shull		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 3626 Green Acres Dr. Carson City, Nv. 89701	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Bone Mountain Cemetery	LOCATION City or Town State 19c Carson City Nevada 89702
FUNERAL DIRECTOR—SIGNATURE OR PRINT (Acting as Such) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Waltons Funeral Home P.O. Box 1056 Carson City, Nv.	
21a To the best of my knowledge, death occurred at the time, date and place and due to the causes stated (Signature and Title) <i>[Signature]</i>		22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated. (Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) 21b		HOUR OF DEATH 21c	
NAME OF ATTENDING PHYSICIAN OR OTHER WHO CERTIFIED (Type or Print) 21d		DATE SIGNED (Mo., Day, Yr.) 22b Nov. 16, 1983	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 Robert H. Mailloux Deputy Coroner 901 E. Musser Carson City, Nv. 89701		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b Nov. 17, 1983	
24a (Signature) <i>[Signature]</i>		DEATH DUE TO COMMUNICABLE DISEASE 24c YES [] NO [X]	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Coronary and chronic valvular heart disease		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 26 Yes	
AGE, SEX, HOW UNDET. OR PENDING INVEST (Specify) 28a		DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c
INJURY AT WORK (Specify Yes or No) 28e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f	DESCRIBE HOW INJURY OCCURRED 28d
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.

By: *[Signature]*
Deputy Registrar

Date issued:
NOV 17 1983

VITAL RECORDS

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

097265

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COPY

REQUESTED BY
Raymond Lee Skell
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$ 7.00 pd.
1984 FEB 23 PM 2: 36

SUZANNE BEAUDREAU
RECORDER

Carol J. Libart 097265
Dep.

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