

Application No.

LOT 21 BLK H.
TR E #4

AFFIDAVIT BY SURVIVING JOINT TENANT

State of Nevada,
County of Douglas) ss.

LARUEL L. VERNON being first duly sworn, deposes and says:
That affiant is the surviving spouse of EDWARD A VERNON,
and that the affiant and the said EDWARD A. VERNON,
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 780,
Page 1505, Document No. 46524.

That the said EDWARD A VERNON, one of the joint
tenant grantees in said deed, died on the 26 day of Oct, 1983
in the County of MONO, State of CAL.

That all interest in and to said real property is vested absolutely in affiant,
namely, LARUEL L. VERNON as of the date of said decedent's death.

Laruel L. Vernon
LARUEL VERNON

SUBSCRIBED and SWORN to before me this 2nd day of April, 1984



Carol Costa
Notary Public

✓
3965 Walker View Rd.
Tapez Estate
Wellington, Nev. 89444

100374

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

2650 - #83-37

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER						
1A. NAME OF DECEDENT—FIRST EDWARD		1B. MIDDLE ALFONSO		1C. LAST VERNON		2A. DATE OF DEATH (MONTH, DAY, YEAR) Oct. 26, 83		2B. HOUR 9:18 AM	
3. SEX Male	4. RACE/ETHNICITY White/American		5. SPANISH/SPANIC <input checked="" type="checkbox"/>	6. DATE OF BIRTH July 22, 1917			7. AGE 66 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Colorado			9. NAME AND BIRTHPLACE OF FATHER Barry L. Vernon - Colorado			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Unknown - Unknown			
11. CITIZEN OF WHAT COUNTRY U. S. A.			12. SOCIAL SECURITY NUMBER 0427		13. MARITAL STATUS married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) LaRue L. Price		
15. PRIMARY OCCUPATION Fish & Game Warden			16. NUMBER OF YEARS THIS OCCUPATION 35	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) State of California			18. KIND OF INDUSTRY OR BUSINESS Dept. of Fish & Game		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3965 Walker View Road					19B.		19C. CITY OR TOWN Wellington		
19D. COUNTY Douglas					19E. STATE Nevada		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP LaRue L. Vernon, wife 3965 Walker View Road Wellington, Nevada 89411		
21A. PLACE OF DEATH Bridgeport Airport					21B. COUNTY Mono				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) Sweetwater Road					21D. CITY OR TOWN Bridgeport				
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE									
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) Congestive shock						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? Yes	
	(B) Acute myocardial infarction							25. WAS BIOPSY PERFORMED? No	
	(C)							26. WAS AUTOPSY PERFORMED? No	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH History of Chronic Lung Disease (Smoker)						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Richard D. Newbold M.D.</i>			28C. DATE SIGNED 26 Oct 83		28D. PHYSICIAN'S LICENSE NUMBER G-049883	
I ATTENDED DECEDENT SINCE (ENTER NO., DA, YR.) Oct 26 83		I LAST SAW DECEDENT ALIVE (ENTER NO., DA, YR.) Oct 26 83		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Richard D. NEWBOLD, M.D. Med. Clinic of Bridgeport					
29. SPECIFY ACCIDENT, EVICTION, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGILATIONS)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR Oct. 29, 1985		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Bridgeport Cemetery, Bridgeport, CA			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 5224 David T. Buck		
40. NAME OF FUNERAL HOME OR PERSON ACTING AS SUCH Brune & Buck Mortuary			41. LICENSE NO. F 192		42. LOCAL REGISTRAR—NAME <i>Adah T. Bishop</i>		43. DEPUTY REGISTRAR Deputy		44. DATE ACCEPTED BY DEPT. OF HEALTH Nov 1, 1983
STATE REGISTRAR	A.	B.	C.	D.	E.				

REQUESTED BY
LaRue L. Vernon
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
W. Co. copy
1984 MAY -2 PM 1:53
SUZANNE BEAUDREAU
RECORDER
Carol D. Hart 100374
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This is to certify that this is a true and correct copy of the vital record which is on file in the office of the Registrar and I am the legal custodian.

RENN NOLAN
Local Registrar
NOV 1 - 1983
Bridgeport, Calif.

by *Adah T. Bishop* deputy registrar.
State of California, County of Mono