

WHEN RECORDED RETURN TO:
MABEL F. WICKS
954 DEAN DRIVE
GARDNERVILLE, NEVADA 89410

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)

COUNTY OF DOUGLAS)

I, MABEL F. WICKS, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of HAL GILMAN WICKS, and that the Affiant and the said HAL GILMAN WICKS deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 8TH day of JUNE, 1976, under the terms of which

HARRY DAVID AND LAURA J. DAVID, Husband and Wife,

was Seller, to HAL G. WICKS and MABEL F. WICKS

, husband and wife, as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded

AUGUST 18, 1976, in Book 376. Page 852/853, being Document No. 02572, of the Official Records in DOUGLAS COUNTY, NEVADA,

, affecting all that certain piece or parcel of land, situate in the County of DOUGLAS, State of NEVADA

Lot 54, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, as Document No. 28309, and the amended title sheet filed on June 4, 1965, as Document No. 28377.

That the said HAL GILMAN WICKS, one of the the Joint Tenancy Deed, died on the 5TH day of OCTOBER

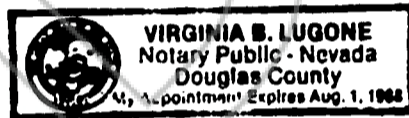
1984, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A", that the said certified copy of Death Certificate is hereby referred to and by such reference is incorp-

1 orated into this paragraph as though herein fully set forth. That all interest
2 in and to said real property, hereinabove described, vested absolutely in Affiant
3 namely, MABEL F. WICKS,
4 as of the date of decedent's death.

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8 *Mabel F. Wicks*
9 Mabel F. Wicks

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11 SUBSCRIBED AND SWORN TO Before me
12 this 23rd day of October, 1984

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14 *Virginia B. Lugone*
15 NOTARY PUBLIC



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STATE OF NEVADA

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

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT INK PRECEDENT IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING EMPLOYER'S RESPONSIBILITY	DECEASED—NAME First Middle Last 1 Hal Gilman WICKS	
	DATE OF DEATH (Month, Day, Year) 2 October 5, 1984	
FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last	COUNTY OF DEATH 3a Carson City	
	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c Carson Tahoe Hospital	
FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last	INSIDE CITY LIMITS (Specify Yes or No) 3d Yes	
	If Hosp or Inst, indicate DCA, OP/Emr (Non. Inpatient) (Specify) 3e Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) ETHNIC AGE—Last Birthday (Years) UNDER 1 YEAR MONTHS : DAYS UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.) 6 October 26, 1916	
	SEX 7 Male	
STATE OF BIRTH (If not U.S.A., name country) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED (WIDOWED, DIVORCED) (Specify) SURVIVING SPOUSE (If wid, give maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
	SOCIAL SECURITY NUMBER 13 [REDACTED]-7118	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even if Retired) KIND OF BUSINESS OR INDUSTRY	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER 15a Nevada 15b Douglas 15c Gardnerville 15d 954 Dean Dr.	
	INSIDE CITY LIMITS (Specify Yes or No) 15e Yes	
FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last	FATHER—NAME First Middle Last 16 Harry Wicks	
	MOTHER—MAIDEN NAME First Middle Last 17 Mary C. Bassford	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) FUNERAL DIRECTOR—SIGNATURE (Or Print Name if Not Such) NAME AND ADDRESS OF FACILITY	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a Mabel Wicks 18b 954 Dean Dr. Gardnerville, Nv. 89410	
	CEMETERY OR CREMATORY—NAME LOCATION City or Town State 19a Cremation 19b Sierra Crematory 19c Reno Nevada	
To be completed by CERTIFYING PHYSICIAN: To the best of his knowledge, death certifies to the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	To be completed by Coroner's Office: (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 Phil Aldrich M.D. 412 W John St Carson City Nevada 89701	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	REGISTRAR (Signature) 24a [Signature]	
	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b October 9, 1984	
DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> INTERVAL BETWEEN ONSET AND DEATH Interval between onset and death Interval between onset and death Interval between onset and death	DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	INTERVAL BETWEEN ONSET AND DEATH Minutes	
AUTOPSY (Specify Yes or No) WAS CASE REFERRED TO CORONER (Specify Yes or No)	AUTOPSY (Specify Yes or No) 26 No	
	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No	
AGE, SUICIDE, HONOR UNDET. OR PENDING INQUEST (Specify) INJURY AT WORK (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY 28a 28b 28c M 28d	
	DESCRIBE HOW INJURY OCCURRED 28e	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f	
	LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28g	

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

VITAL RECORDS

By: *William C. [Signature]* 946339
Deputy Registrar

Date Issued:

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Mabel Wilcks
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'84 OCT 23 P12:37

SUZANNE BEAUDREAU
RECORDER

\$ 8.00 PAID JL DEPUTY

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