

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

LOIS W. TUFTS being first duly sworn, deposes and says:

That Affiant is the surviving spouse of LEROY P. TUFTS and that the Affiant and the said LEROY P. TUFTS, deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 30th day of August, 1972 under the terms of which ROBERT PRUPAS and BERNIECE PRUPAS, husband and wife was Seller, to LEROY P. TUFTS and LOIS W. TUFTS, husband and wife, as Joint Tenants, upon the terms, covenants, and provisions as set forth therein, said document recorded September 5, 1972 in Book 972 Page _____ being Document No. 61539 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 13, in Block B, as shown on the map of Round Hill Village Unit No. 4, filed in the Office of the County Recorder of Douglas County, Nevada, on April 25, 1966, as Document No. 31837. AP#05-341-09-4

That the said LEROY P. TUFTS one of the Grantees on the Joint Tenancy Deed, died on the 23 day of September 19 80 in Carson City and is the identical person named in the Certificate of Death. That all interest in and to said real property hereinabove described, vested absolutely in Affiant as of the date of decedent's death.

SUBSCRIBED AND SWORN TO BEFORE me this 16th day of January 19 85

Lois W. Tufts
LOIS W. TUFTS

Rita Bienz
NOTARY PUBLIC



112824

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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

80 004130
STATE FILE NUMBER

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
		LeRoy P. TUFTS		September 23, 1980		Carson City	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name (if not in index), give street and number)			Place of first medical attention (Specify)		
Carson City		Carson-Tahoe Hospital			Inpatient		
RACE (e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)		SEX	
White		German/English 10		5a 66		Male	
STATE OF BIRTH (If not U.S.A., give country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
California 05		U.S.A.		Married		December 2, 1913	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
-3963		Tool Inspector 381		Manufacturing 398		Lois Wuagneux	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
Nevada		Douglas		Zephyr Cove		#3 Hopi Court, Round Hill	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)			
LeRoy Tufts		Edna Bell Schutte		no			
INFORMANT—NAME (Type or Family)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
Lois W. Tufts		P.O. Box 936, Zephyr Cove, NV 89448					
SPECIAL CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
Cremation		Masonic Memorial Gardens		Reno Nevada			
FUNERAL DIRECTOR (Name and City)		NAME AND ADDRESS OF FACILITY					
FitzHenry		312 S. Carson, FitzHenry's Capital City Mortuary, Carson City, NV 89701					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title)		21c. 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 causes stated. (Signature and Title)		22c. HOUR OF DEATH	
DATE SIGNED (Mo., Day, Yr.)		21b. NAME OF ATTENDING PHYSICIAN (If other than certifier, type or print)		DATE SIGNED (Mo., Day, Yr.)		22b. PHONOUNCED DEAD (Mo., Day, Yr.)	
9/23/80						22c. PHONOUNCED DEAD (Hour)	
21d.				22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)							
Rex Baggett, M.D., 710 W. Washington, Carson City, NV 89701							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
24a. (Signature)		24b. Sept 23, 1980					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		INTERVAL BETWEEN ONSET AND DEATH					
(a) Adenocarcinoma of lungs		Interval between onset and death					
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death					
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death					
26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not listed to cause given in PART 1 (a)		AUTOPSY (Specify Yes or No)		27. WAS LAST PHYSICIAN TO MEDICAL EXAMINE AT OR CONTROL DEATH? (Specify Yes or No)			
		26. NO		27. NO			
28a. ACCIDENT FROM TRAFFIC (Specify mode of transport)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
		28b.		28c.		28d.	
29. PLACE AT WORK		PLACE OF INJURY—At home, farm, street, factory, office, building		LOCATION		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:		SEAL	

Date Issued: JAN 15 1985

Catherine S. [Signature] Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'85 JAN 25 P1:17

SUZANNE B. AUDREAU
RECORDER

PAID. [Signature] DEPUTY

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