

AFFIDAVIT BY SURVIVING JOINT TENANT

State of CALIFORNIA)
) ss.
County of SHASTA)

Elsie V. Lewis being first duly sworn, deposes and says:
That affiant is the surviving spouse of Vernon E. Lewis,
and that the affiant and the said Vernon E. Lewis,
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 285,
Page 971, Document No. 113671.

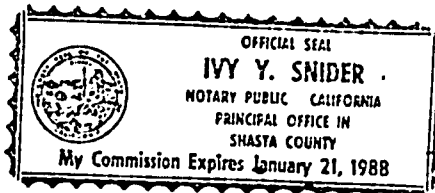
Lot 92, Gardnerville Ranchos Unit No. 6.

That the said Vernon E. Lewis, one of the joint
tenant grantees in said deed, died on the 5th day of Sept., 1984
in the County of Contra Costa, State of California.
That all interest in and to said real property is vested absolutely in affiant,
namely, Elsie V. Lewis as of the date of said decedent's death.

Elsie V. Lewis
Elsie V. Lewis

SUBSCRIBED and SWORN to before me this 13th day of February, 19 85

Ivy Y. Snider
Notary Public



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0700 03424

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST VERNON		1B. MIDDLE Edgar	1C. LAST LEWIS
2A. DATE OF DEATH (MONTH, DAY, YEAR) September 5, 1984		2B. HOUR 2245	
3. SEX Male	4. RACE/ETHNICITY White/American	5. SPANISH/Hispanic NO	6. DATE OF BIRTH April 10, 1919
7. AGE 65	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS HOURS
IF UNDER 24 HOURS MINUTES	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) OK	9. NAME AND BIRTHPLACE OF FATHER Abert D. Lewis - Arkansas	
DECEDENT PERSONAL DATA	10. BIRTH NAME AND BIRTHPLACE OF MOTHER Hattie E. Walkabout - OK	11. CITIZEN OF WHAT COUNTRY USA	
12. SOCIAL SECURITY NUMBER 7499	13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BOTH NAMES) Elsie Lewis (Bergman)	
15. PRIMARY OCCUPATION Machinist	16. NUMBER OF YEARS THIS OCCUPATION 20	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Steel Products, Seattle, Wa.	18. KIND OF INDUSTRY OR BUSINESS Steel Industry
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3065 Cindy Circle	19B. 000	19C. CITY OR TOWN Anderson
19D. COUNTY Shasta	19E. STATE California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Elsie Lewis (Wife) 3065 Cindy Circle Anderson, California 96007	
PLACE OF DEATH	21A. PLACE OF DEATH VA Medical Center	21B. COUNTY Contra Costa	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 150 Muir Road
21D. CITY OR TOWN Martinez	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Diffusely Spread Adenocarcinoma	23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A None	24. WAS DEATH REPORTED TO CORONER? NO
CAUSE OF DEATH	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) DUE TO, OR AS A CONSEQUENCE OF	25. WAS BIOPSY PERFORMED? YES	26. WAS AUTOPSY PERFORMED? YES
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION None	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 9-4-84	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Martha Turchyn</i> Martha Turchyn, M.D., 150 Muir Road, Martinez, CA	28C. DATE SIGNED 9/7/84
PHYSICIAN'S CERTIFICATION	28D. PHYSICIAN'S LICENSE NUMBER G51702	28E. TYPE PHYSICIAN'S NAME AND ADDRESS	29. SPECIFY ACCIDENT, SUICIDE, ETC.
INJURY INFORMATION	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
CORONER'S USE ONLY	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-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED	36. DISPOSITION burial
37. DATE—MONTH, DAY, YEAR Sept. 14, 1984	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Willamette National Cemetery, Portland, Ore	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Edward J. Wilkes 5611	40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Airfield Funeral Home
40B. LICENSE NO. F 1089	41. LOCAL REGISTRAR—SIGNATURE <i>Cabudil Brunner M.D.</i>	42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 10 1984	STATE REGISTRAR
A.	B.	C.	D.
E.	F.		

SEAL

Certification Statement: This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

Signature of Certifying Official: *Cabudil Brunner M.D.* Official Title: Local Registrar

Place of Certification: Contra Costa County Health Services—Public Health Division, Martinez, California
Date of Certification: SEP 13 1984

State of California, Health Services—Public Health Div., Bureau of Vital Statistics

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

'85 FEB 19 P12 :02

SUZANNE BEAUDREAU
RECORDER

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