

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME  Thelma A. Loyd  
STREET ADDRESS P.O. Box 415  
CITY, STATE, ZIP Gardnerville, NV. 89410

Accommodation 38465 MCA-T  
Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of Douglas

} ss.

Thelma A. Loyd

That EDGAR ALLEN LOYD, of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EDGAR ALLEN LOYD named as one of the parties in that certain Grant Deed dated November 1, 1973, executed by JAMES LEE CONSTRUCTION CO., INC., a Nevada corporation to EDGAR ALLEN LOYD and THELMA A. LOYD, husband and wife as joint tenants, recorded as Instrument No. 69916, on November 9, 1973, in book 1173, page 245, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

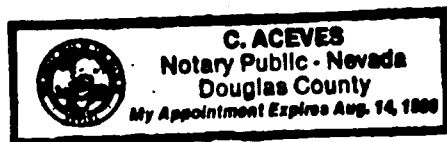
Lot 96, as shown on the "FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 5", filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 11, 1972.

Dated April 17, 1985

Thelma A. Loyd  
Thelma A. Loyd

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 18th day of April, 1985.

C. Aceves  
Notary Public in and for said County and State



116255  
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(This area for official notarial seal)

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

ROLL 54 IMAGE 953

1335

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER 1335		DECEASED—NAME 1. <b>Edgar Allen LOYD</b>		DATE OF DEATH (Month, Day, Year) <b>September 12, 1983</b>	COUNTY OF DEATH 3a. <b>Washoe</b>
CITY, TOWN, OR LOCATION OF DEATH 3b. <b>Reno</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Washoe Medical Center</b>		INSIDE CITY LIMITS (Specify Yes or No) 3d. <b>Yes</b>	If Hosp. or Inst. indicate DOA, OP/Emer. (Im. Inpatient) (Specify) 3e. <b>Inpatient</b>
RACE—(e.g., White, Black, American Indian, etc) (Specify) 4a. <b>White</b>	ETHNIC 4b. <b>American</b>	AGE—Last Birthday (Years) 5a. <b>73</b>	UNDER 1 YEAR MOS : DAYS 5b. :	UNDER 1 DAY HOURS : MINS 5c. :	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>December 20, 1909</b>
STATE OF BIRTH (If not U.S.A. give country) 7. <b>Oklahoma</b>	CITIZEN OF WHAT COUNTRY 8. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9. <b>Married</b>	SURVIVING SPOUSE (If w/a, give maiden name) 11. <b>Thelma Dorey</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. <b>Yes</b>
SOCIAL SECURITY NUMBER 13. <b>4149</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. <b>Pit Boss</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Gaming</b>		
RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Gardnerville</b>	STREET AND NUMBER 15d. <b>1380 Kitty Hawk Ave.</b>	INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>	
FATHER—NAME 16. <b>Thomas Loyd</b>		MOTHER—MAIDEN NAME 17. <b>Pauline De Maza</b>			
INFORMANT—NAME (Type or Print) 18a. <b>Thelma Loyd</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State Zip) 18b. <b>P.O. Box 415, Gardnerville, Nevada 89410</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Sierra Crematory</b>		LOCATION City or Town State 19c. <b>Reno, Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY <b>WALTON'S SPARKS FUNERAL HOME 1745 Sullivan Lane, Sparks, Nevada 89431</b>			
21a. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH 21c.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>September 14, 1983</b> HOUR OF DEATH 22c. <b>7:17 p.m.</b>	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22b. PRONOUNCED DEAD (Mo., Day, Yr.) <b>September 12, 1983</b> 22d. ON		22c. AT <b>7:17 p.m.</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. <b>Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520</b>					
REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>September 15, 1983</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) <b>Vascular insufficiency with toxemia</b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) <b>Congestive heart failure</b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

VITAL RECORDS

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WASHOE COUNTY NEVADA

ON SEP 29 1983 SEAL

*Walter J. [Signature]*

REGISTRAR-VITAL STATISTICS

BY *Patricia Lovell*

COUNTY REGISTRAR

THIS COPY IS REPRODUCED  
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MAY IN TIME CHANGE IN  
COLOR OR APPEARANCE

REQUESTED BY  
**LAWYERS TITLE**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'85 APR 19 A9:53

SUZANNE BEAUDREAU  
RECORDER

\$ 7.00 PAID [Signature] DEPUTY

**116255**

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