

AFFIDAVIT — DEATH OF JOINT TENANT

ALL
PTN.

State of Nevada,
County of Douglas } ss.


ELIZABETH V. WILLIAMSON, of legal age, being first duly sworn, deposes and says:
That MAURICE WILLIAMSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MAURICE WILLIAMSON named as one of the parties in that certain Deed of Trust dated 1-31, 1983, executed by FRANK Y. KONDO and ROSLYN KONDO to MAURICE WILLIAMSON and ELIZABETH V. WILLIAMSON, as joint tenants, recorded as Instrument No. 075958 on February 7, 1983, in Book 283, Page 812, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada :

Lot 36, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 3, filed in the office of the county REcorder of Douglas County, Nevada on June 1, 1965, as Documents No. 28310, and the Amended Title Sheet on June 4, 1965, as Document No. 28378.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ _____.

Elizabeth V. Williamson
ELIZABETH V. WILLIAMSON

Subscribed and Sworn to before me
this 21st day of March, 1986


LORI THOMAS CERFOGLIO
Notary Public - State of Nevada
Appointment Recorded In Washoe County
MY APPOINTMENT EXPIRES NOV 8, 1989

Lori Thomas Cerfoglio (Sign)
Notary Public Commissioned for said County and State

RECORDING REQUESTED BY

AFTER RECORDING MAIL TO

ELIZABETH V. WILLIAMSON
7590 Rhinestone Drive
REno, Nevada 89511

132696

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SPACE ABOVE THIS LINE FOR RECORDER'S USE

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

ROLL 58 IMAGE 938

LOCAL FILE NUMBER 1130

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

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Maurice WILLIAMSON		2. June 25, 1985		3a. Washoe	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	
3b. Reno		3c. Washoe Medical Center		3d. Yes	
RACE—(e.g., White, Black, American Indian, etc) (Specify)		ETHNIC		AGE—Last Birthday (Years)	
4a. White		4b. English		6a. 65	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. England		9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 1509		14a. Owner/Operator		14b. Cocktail Lounge	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Washoe		15c. Reno	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Sam Williamson		17. Minnie Dunn		15d. 7590 Rhinestone	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Elizabeth Williamson		18b. 7590 Rhinestone Drive Reno Nevada 89511			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Mountain View Cemetery		19c. Reno, Nevada 89502	
FUNERAL DIRECTOR—(If available for Person Acting as Surviv)		NAME AND ADDRESS OF FACILITY			
20a. Douglas Stille		20b. Ross Burke Knobel Mortuary 2155 Kietzke Lane Reno Nevada			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b.		21c.		22b. June 27, 1985	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		June 25, 1985		22c. 2:00 p.m.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22d. ON		22e. AT	
23. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520				22e. AT 2:00 p.m.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) Doreen Sheen Dep.		24b. June 28, 1985		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) Ruptured abdominal aortic aneurysm					
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)				AUTOPSY (Specify Yes or No)	
PART II				26. NO	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)				27. YES	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.	

132696 N° 51131

VITAL RECORDS

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030422

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, WASHOE COUNTY, NEVADA

ON JUL 1 1985

SEAL

Mark F. J.

REGISTRAR-VITAL STATISTICS

BY *Renee L. ...*

DEPUTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

REQUESTED BY

Elizabeth Williamson

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'86 MAR 28 10:25

SUZANNE BEAUDREAU
RECORDER

\$ 7.00 PAID *JL* DEPUTY

132696

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