

Recording Requested By: LYNDA L. CLARK
P. O. Box 819
Minden, Nevada 89423

✓ When Recorded Mail To: LYNDA L. CLARK
P. O. Box 819
Minden, Nevada 89423

Mail Tax Statements To: LYNDA L. CLARK
P. O. Box 819
Minden, Nevada 89423

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
) s.s.
County of DOUGLAS)

LYNDA L. CLARK, of legal age, being first duly sworn, deposes and says:

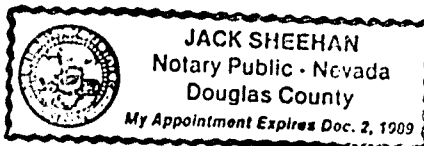
That BYRON B. CLARK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as one of the parties in that certain JOINT TENANCY DEED dated APRIL 23, 1982, executed by PHILIP V. CARTER AND AGNETE S. CARTER to BYRON B. CLARK AND LYNDA L. CLARK, as joint tenants, recorded as Instrument No. 67353, on APRIL 30, 1982, in Book 482, Page 1872, of Official Records of DOUGLAS County, NEVADA (state), covering the following described property situated in the City of -----, County of DOUGLAS, State of NEVADA:

See attached Exhibit "A".

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 \$160,000.00.

Dated: March 26, 1986 Lynda L. Clark
LYNDA L. CLARK

SUBSCRIBED and SWORN to before me
this 26 day of March, 19 86
Signature Jack Sheehan
JACK SHEEHAN
Name (typed or printed)



STATE OF NEVADA

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

	LOCAL FILE NUMBER				STATE FILE NUMBER			
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last		2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH			
	Byron Bruce CLARK		2 January 21, 1986		3a Douglas			
DECEDENT	2b. CITY, TOWN, OR LOCATION OF DEATH		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		3d. INSIDE CITY LIMITS (Specify Yes or No)		3e. If Hosp or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify)	
	Gardnerville		Carson Valley Emer. Health Center		Yes		Emer. Room	
IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS	4a. RACE—(e.g., White, Black, American Indian, etc.) (Specify)		4b. ETHNIC		5a. AGE—Last Birthday (Years)		5b. UNDER 1 YEAR MOS. DAYS	
	White		American		74		5c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS	6. STATE OF BIRTH (If not U.S.A., name country)		7. CITIZEN OF WHAT COUNTRY		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. SURVIVING SPOUSE (If wife give maiden name)	
	R Colorado		9 USA		10 Married		11 Lynda Harvey	
IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		14b. KIND OF BUSINESS OR INDUSTRY			
	3679		14a Rancher		14b. Agriculture			
PARENTS	15a. RESIDENCE—STATE		15b. COUNTY		15c. CITY, TOWN, OR LOCATION		15d. STREET AND NUMBER	
	Nevada		Douglas		Minden		15d 1673 Buckeye Rd.	
PARENTS	16. FATHER—NAME First Middle Last			17. MOTHER—MAIDEN NAME First Middle Last				
	John C. Clark			Lucy Rozelle				
DISPOSITION	18a. INFORMANT—NAME (Type or Print)			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	Lynda Clark			18b. 1673 Buckeye Rd. Minden, Nevada 89423				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY—NAME		19c. LOCATION City or Town State			
	19a Cremation		19b Sierra Crematory		19c Reno Nevada			
DISPOSITION	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. NAME AND ADDRESS OF FACILITY					
	<i>William J. ...</i>		20b. Waltons Funeral Home, 1281 N. Roop St. Carson City, Nevada					
CERTIFIED	21a. To the best of my knowledge (best) occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		21b. DATE SIGNED (Mo., Day, Yr.)		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 cause(s) stated (Signature and Title)	
	<i>Jack S. Harper</i>		21b. 1-22-86		21c. 1304		22a. <i>Jack S. Harper</i>	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d. Jack S. Harper (MD) 1001 Mountain St. Carson City, Nevada 89701		22b. ON		22c. AT		22d. ON	
CAUSE OF DEATH	23. REGISTRAR		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>Scott H. ...</i>		24b. January 22, 1986		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		26. INTERVAL BETWEEN ONSET AND DEATH					
	PART I (a) CARDIAC ARREST - ACUTE MYOCARDIAL INFARCT		Interval between onset and death					
CAUSE OF DEATH	(b) Idiopathic CARDIOMYOPATHY		Interval between onset and death					
	(c) CONGESTIVE HEART FAILURE		Interval between onset and death					
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)			
			26. No		27. No			
CAUSE OF DEATH	28a. ACC. SUICIDE, HOA1. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
	28a.		28b.		28c. M		28d.	
CAUSE OF DEATH	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. STREET OR R.F.D. No	
	28e.		28f.		28g.		28h.	

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

By:

N^o 53737

Date Issued:

JAN 22 1986

Catherine S. ...
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

132705

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EXHIBIT "A"

LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situated in the County of Douglas, State of Nevada, described as follows:

PARCEL NO. 1

A parcel of land situated in and being a portion of the East 1/2 of the Northwest 1/4 of Section 26, Township 13 North, Range 20 East, M.D.B. and M., and being a portion of Parcel No. 16 as shown on that Record of Survey for Nevis Industries, Inc., recorded December 23, 1980, in Book 1280, of Official Records at page 1510, Douglas County, Nevada, as Document No. 51917, described as follows:

Parcel 16-B, as set forth on that certain Parcel Map Carter Parcels, filed for record in the Office of the County Recorder of Douglas County, Nevada, on February 2, 1982, as Document No. 64509.

PARCEL NO. 2

Together with all those certain access and utility easements for ingress and egress as set forth on that certain Record of Survey for Nevis Industries, Inc., filed for record in the Office of the County Recorder of Douglas County, Nevada, on December 23, 1980, as Document No. 51917.

Assessment Parcel No. 23-010-22-6 (A PORTION)

REQUESTED BY
Jack Sheehan
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA
for *Lynda Clark*
'86 MAR 28 AM 11:33

SUZANNE BLAUGREAU
RECORDER
\$ 7.00 PAID. *SL* DEPUTY

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