

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME _____
 STREET ADDRESS James P. Ford
 861 Armory Lane
 CITY, STATE, ZIP Carson City, NV. 89701

Order No..... Escrow No. 40272 MCA

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA }
 City of Carson City } ss.

JAMES P. FORD

That Claire James Ford, 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 CLAIRES J. FORD named as one of the parties in that certain DEED dated July 29, 1974, executed by THOMAS G. BEAMER and CHERYL A. BEAMER to CLAIRES J. FORD and MARGARET A. FORD, husband and wife as joint tenants, recorded as Instrument No. 74515, on July 31, 1974, in book 774, page 1017, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Being all of Lot 86, as shown on the map entitled "FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 5", filed for record August 11, 1972, in the office of the County Recorder of Douglas County, Nevada, as Document No. 61096.

A.P.N. 25-402-08

Dated May 6, 1986.....

James P. Ford
 James P. Ford, Administrator of the Estate of Margaret Adeline Ford, Deceased

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this May 13 day of May, 1986.....

Doris Harbeson
 Notary Public in and for said County and State
 Carson City, Nevada



137318

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

ROLL 46 IMAGE 799

LOCAL FILE NUMBER 1223

ALTERED CERTIFICATE OF DEATH

79 004157

STATE FILE NUMBER

DECEASED - NAME First Middle Last Claire James FORD		DATE OF DEATH (Month, Day, Year) September 11, 1979		COUNTY OF DEATH Washoe
CITY, TOWN OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) Veteran's Administration Hospital		If Hosp or Inst Indicate LOA, OP, Emer, Inpatient (Specify) Inpatient
RACE (e.g. White, Black, American Indian, etc.) (Specify) White	ETHNICITY Irish	AGE - Last Birthday (Years) MONTH DAYS 70-71	UNDER 1 YEAR HOURS MINES :	UNDER 1 DAY HOURS MINES :
STATE OF BIRTH (If not U.S.A. name country) Iowa	CITIZEN OF WHAT COUNTRY U. S. A.	MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Married	SURVIVING SPOUSE (if wife, give maiden name) Margaret Crossman	
SOCIAL SECURITY NUMBER 5095	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bartender	KIND OF BUSINESS OR INDUSTRY Beverage Industry		WAS DECLARED EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
RESIDENCE STATE Nevada	COUNTY Douglas	CITY, TOWN OR LOCATION Gardnerville	STREET AND NUMBER 1389 Kitty Hawk	INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER - NAME First Middle Last Joseph M. Ford	MOTHER - MAIDEN NAME First Middle Last Margaret Ford		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1389 Kitty Hawk, Gardnerville, Nevada	
BURIAL (Type or Print) Burial		CEMETERY OR CREMATORY - NAME Genoa Cemetery		LOCATION City or Town State Genoa Nevada
NAME AND ADDRESS OF FACILITY Walton Funeral Home, 875 West 2nd. St. Reno, Nevada, 89503				
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Marilyn Pellegrino, Deputy Coroner		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) Marilyn Pellegrino, Deputy Coroner		
DATE SIGNED (Mo., Day, Yr.) September 17, 1979	HOUR OF DEATH 3:05 PM	DATE SIGNED (Mo., Day, Yr.) September 11, 1979	HOUR OF DEATH 3:05 PM	22c PHONOUNCED DEAD (Mo., Day, Yr.) September 11, 1979
NAME AND ADDRESS OF CERTIFIER OR PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Marilyn Pellegrino, Deputy Coroner, PO Box 11130, 10 Kirman Ave., Reno, NV. 89520				
23a (Signature) Linda Williamson		DEPUTY REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 20, 1979
24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) Metastatic Carcinoma				
25 OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death, but not related to cause given in PART 1 (a))				
26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) Yes		
28a DATE OF INJURY (Mo., Day, Yr.)	28b HOUR OF INJURY	28c DESCRIBE HOW INJURY OCCURRED		
29a PLACE OF INJURY (At home, farm, street, factory, office, building, etc.)	29b LOCATION	29c STREET OR R.F.D. No.	29d CITY OR TOWN	29e STATE

Information corrected
State Affidavits # 16031
Item #5a
October 23, 1979

SEAL

Nº 012597

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: **MAY 12 1986**

By: **Catherine S. Lowe**
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
LAWYERS TITLE
IN OFFICE RECORDS OF
DOUGLAS COUNTY, NEVADA

75 JUL 10 A9:36

SUZANNE BEAUCHEAU
RECORDER

\$ 6.00 PAID. DEPUTY **137318**

BOOK 786 PAGE 405