When Recorded Mail To:

Mrs. Gladys Black
P. O. Box 1579
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA) : ss COUNTY OF DOUGLAS)

GLADYS BLACK, being first duly sworn, deposes and says:

That she is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That the affiant is the person named as GLADYS BLACK, joint tenant, one of the two grantees on that certain Grant, Bargain and Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 25th day of October, 1977, being document number 14342, recorded in Book 1077 at Page 1489, wherein ALEX A. BLACK and GLADYS BLACK, husband and wife, as joint tenants, were named as grantees under the aforementioned Grant, Bargain and Sale Deed to all that real property situated in Douglas County, Nevada, described as follows:

Lot 87, as shown on the plat of KINGSLANE UNIT NO. 3-A, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 5, 1976, as File No. 04483. Said plat was amended by Certificate of Amendment recorded December 2, 1976, as File No. 5025.

That ALEX A. BLACK was one of the grantees named in said Grant, Bargain and Sale Deed and was the identical person named as ALEXANDER ANDERSON BLACK, the decedent, in that Death

Certificate, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof, as if set forth in full, verbatim.

That your affiant is the surviving spouse of said decedent and that said decedent died on the 2nd day of July, 1986.

GLADYS BLACK

SUBSCRIBED AND SWORN to before me

this lat day of

1986.

Notary Public

CARIN R. O'REILLY
NOTARY PUBLIC - NEVADA
DOUGLAS COUNTY
My Appt. Expires Aug. 20, 1989

Black



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
CERTIFICATE OF DEATH

)		į	OLITTI	CAIL OF D	-	
TYPE	DECEASED-NAME First		····	Last	DATE OF DEATH (Month, Day, Yes	STATE FILE NUMBER COUNTY OF DEATH
OR PRINT IN	Alexande		non Dia			
PERMANENT BLACK INK	CITY, TOWN, OR LOCATION OF		SON BLA OR OTHER INSTITUTION—Name		eet and number) INSIDE CITY LIMIT	
DECEDENT	3b Gardnervil	le 3c 135	58 Kings Lane		(Specify Yes or No	Rm. Inpatient (Specify) 3e.
	RACE—(e.g., White, Black, Ame Indian, etc) (Specify)	erican ETHNIC	AGE—Last Birthday (Year	s) UNDER I YEAR	HOURS • MINS	TH (Mo., Day, Yr.) SEX
	40 White	45 Scotch	120. OT	5b.	5c 6 Marc	h 10, 1905 ⁷ Male
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WH	lita DOI:	ED, NEVER MARRIED, VED, DIVORCED	SURVIVING SPOUSE (II w	de, give maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES?
IRSTITUTION SEE HANDBOOK REGARDING	B California SOCIAL SECURITY NUMBER	9. U.S.	ATION (Give Kind of Work Done	Married Duting Most of	11. Gladys Mas	sters 12 no
COMPLETION OF RESIDENCE ITEMS		Working Life, Ev			Au	\ \
1	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR L	OCATION	Construct:	INSIDE CITY LIMITS
└ ≫[15a. Nevada	15b Douglas	15c. Gard	nerville	15d. 1358 Kings	(Specify Yes or No) Lane 150. ves
DADENTO	FATHER-NAME FIRST	Middle	Last	MOTHER-MAID	EN NAME FIRST	Middle Last
PARENTS	16 John	T.	Black	17.	Jessie	Anderson
	INFORMANT—NAME (Type or Pr.		MAILING A	and the same of th	(Street or R.F.D. No., City or 1	
	BURIAL CREMATION, REMOVA		186 P	.O. Box 1	1579, Gardnervill	
1			Eternal Val		rial	City or Town State
DISPOSITION	19a. Removal/ FUNERAL DIRECTON—SIGNATUR			II ITV		Newhall California
l	200. > Pay To	to Henry	206.312 S. Carso		enry's Funeral H	
ſ	21a. To the best of my kno	owledge, death occurred at t	he time, date and place and	on, carson	City, Nevada 8 22a On the basis of examination and at the time, date and place and o	/or investigation, in my opinion death occurred
	due by the cause(s) st 1906 (Signature and fille) 1914 DATE SIGNED (Mo. 1) 1915 21b July 1916 NAME OF ATTENDIN	> WR Fut	ney MD	д э ф э	(Signature and Title)	to the cause(s) states.
	DATE SIGNED IMO . L	Day, Yr.) HO	UR OF DEATH	s Office	DATE SIGNED (Mo., Day, Yr)	HOUR OF DEATH
(विकास स्टाइ	كَانِّ عِنْ July		11:50 A.M.		22b.	22c.
-	A MAME OF ATTENDIN	G PHYSICIAN IF OTHER THA	AN CERTIFIER (Type or Print)	10 P	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	21d.	S OF CERTIFIER (PHYSICIAN	I, MEDICAL EXAMINER OR COR	ONER) (Type of Print)	22d. ON	22e. AT
Į		/ /		- N.	, Nevada 89502	
23 William R. Feltner, M.D., 975 Ryland, Reno, Nevada 89502 CONDITIONS REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Doy, Yr.) DEATH DUE TO COMMUNICABLE DISEAS						O COMMUNICABLE DISEASE
IF ANY WHICH GAVE	CHIGAVE 240 (Signature) > 1/0, R. Maria Donnty 246. July 3, 1986 24c. YES NOW					
RISE TO IMMEDIATE CAUSE			R INE FOR AL. ID. AND (C)	/ / /		Interval between onset and death
STATING THE	PART (a) PROBA	ABLE Hea CONSEQUENCE OF	1012RAGE			: MINUTES
CAUSE LAST	UGE TO, OH AS A	I N N Q	CANCER)]		Interval between onset and death MONTHS
└→	DUE TO, OR AS A	CONSEQUENCE OF	CANCER	-/		. Interval between onset and death
	(c)	/ /		/ /		•
CAUSE OF DEATH		CONDITIONS—Conditions co	ntributing to death but not relate	ed to cause given in PA		ISpecify WAS CASE REFERRED TO
	/ "				26. no	Yes or No) CORONER (Specify Yes or No) 27. YES
	ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST	DATE OF INJURY (Ma. Da	y, Yr HOUR OF INJURY	DESCRIBE HOW INJ	URY OCCURRED	
	(Specify) 28a INJURY AT WORK	28b		1 28d.	COSET OF SERVI	
\	(Specify Yes or No)	build	me, farm, street, factory, office ng, etc. (Specify)	LOCATION,	STREET OR R.F.D. No.	CITY OR TOWN STATE
	100	281.	}	28g		270 57400
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/			VITAL R	RECORDS	Contraction of the state of	
Semon 4	This is to	certify that the abo	r ve is a true and correc	t copy B		W.III.
of the certificate on file in this office.						
Date Issued: JUL 0 3 1986 Deputy Registrar						trar
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W B						
		WARNING I	IS ILLEGAL TO ALT	ER OR COPY T	HIS DOCUMENT. 💹 🤾	
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