

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF Nevada )  
 )  
1 COUNTY OF Douglas )

2 Oliver E. Bently, Jr. , being first duly sworn, deposes  
3 and says:

4 That Affiant is the surviving Joint Tenant of Shirley V. Bently aka  
5 Vivian Shirley Bently and that the Affiant and the said  
6 Shirley V. Bently aka Vivian/ deceased are the Grantees in Joint  
7 Tenancy under that certain Joint Tenancy Deed dated the 12th day of  
8 October , 19 64, under the terms of which  
9 James A. Norris, a married man and Cecil J. Cooley, a married man  
10 was Seller, to Oliver E. Bentley, aka Oliver E. Bentley, Jr. and  
11 Shirley V. Bentley aka Shirley V. Bentley\* / were Buyers , as Joint  
12 Tenants, upon the terms, covenants and provisions as set forth therein, said  
13 document recorded October 15, 1964 , in Book 27 , Page  
14 284 , being Document No. 26323 , of the Official Records  
15 in Douglas County, Nevada , affecting all that certain piece  
16 or parcel of land situate in the County of Douglas , State of  
17 Nevada , described as follows:

18 Lot 4, Block C, as shown on the map of South Addition to  
19 the Town of Minden, filed in the Office of the County  
20 Recorder of Douglas County, Nevada, on April 9, 1957.  
21 Assessment Parcel No. 25-231-04.

22  
23  
24  
25 Shirley Bently  
26 That the said Shirley V. Bently aka Vivian/ , deceased, was  
27 one of the grantees in the above described Joint Tenancy Deed, died on the  
28 22nd day of June, 1986 , and is the identical  
29 person named in that certain certified copy of Certificate of Death, attached  
30 hereto as Exhibit "A", that the said certified copy of Death Certificate is  
31 hereby referred to and by such reference is incorporated into this paragraph as  
32 though herein fully set forth.

# 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER						
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH					
	1. Vivian Shirley BENTLY		2. June 22, 1986	3a. Douglas					
DECEDENT	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)	If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify)				
	3b. Minden		3c. 1568 County Rd.	3d. Yes	3e. 7				
	RACE—(e.g., White, Black, American Indian, etc) (Specify)	ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	SEX		
4a. White	4b. American	5a. 61	5b. :	5c. :	6. April 27, 1925	7. Female			
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)				
8. Iowa	9. USA	10. Married	11. Ollie Bently		12. No				
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY						
13. [REDACTED] 3767	14a. Registered Nurse		14b. Health Care						
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)				
15a. Nevada	15b. Douglas	15c. Minden	15d. 1568 County Rd.		15e.				
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last						
	16. Bernie Hays		17. Bernice Frye						
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)						
	18a. Ollie Bently		18b. P.O. Box 132 Minden, Nevada 89423						
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State					
19a. Cremation	19b. Sierra Crematory		19c. Reno Nevada						
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY						
	20a. [Signature]		20b. Waltons Funeral Home, 1281 Roop St. Carson City, Nevada						
	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)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH				
21a. [Signature]		21b. June 23, 1986		21c. 1510					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		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)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. Steve Kibbe, DCSO, P.O. Box 218 Minden, Nevada 89423		22d. June 23, 1986		22e. AT 1600		22b. June 23, 1986		22c. 1510	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE				
	24a. [Signature]		24b. July 17, 1986		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death				
PART I (a) Cardiac Arrest				Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death					
(b) 427.5				Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
PART II 26. Yes				27. Yes					
ACC. SUICIDE, HGM UNDET. OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED						
28a.	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.							

VITAL RECORDS

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

Date Issued: July 14, 1986

Deputy Registrar

SEAL No. 57230  
By: *Laurence P. Mathias*

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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BOOK 886 PAGE 1868

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

'86 AUG 18 P1:10

SUZANNE ELWOOD BEAU  
RECORDER

\$ 8.00 PAID JK DEPUTY

**139248**

BOOK **886** PAGE **1869**