

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA

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ss.  
)

COUNTY OF DOUGLAS

LEONA J. PARK of legal age, being first  
duly sworn, deposes and says:

THAT HAROLD PARK, the decedent mentioned  
in the attached certified copy of Certificate of Death, is the same person  
as HAROLD PARK named as one of the parties  
in that certain Joint Tenancy Deed dated July 22, 1965,  
executed by HAROLD PARK  
to HAROLD PARK and LEONA J. PARK, husband and wife  
as joint tenants, recorded as Instrument No. 28873  
on July 22, 1965, in book 33, page 97,  
of Official Records of Douglas County, Nevada,  
covering the following described property situated in the (unincorporated  
area) County of Douglas State of Nevada :

Lots 7 and 8, in Block 0, TOWN OF MINDEN as shown on the Official Map  
thereof, recorded in the Office of the County Recorder, Douglas County,  
State of Nevada, on July 2, 1906.

Assessor's Parcel No. 25-213-04.

THAT the said decedent, HAROLD PARK is one of  
the joint tenant grantees in that certain said Joint Tenancy Deed  
and that all interest in and to said real property is vested absolutely in  
affiant, namely LEONA J. PARK.

Dated December 5, 1986

*Leona J. Park*  
\_\_\_\_\_  
Leona J. Park

SUBSCRIBED AND SWORN TO before me  
this 10th day of December, 1986

Signature *Judith Y. Mewes*  
\_\_\_\_\_  
Judith Y. Mewes

Name (typed or printed)  
**JUDITH Y. MEWES**  
Notary Public - Nevada  
Carson City  
My Appt. Expires Sept. 28, 1990

AFTER RECORDING MAIL TO:  
Leona J. Park  
2357 Merrit Drive  
Carson City, Nevada 89701

146694  
BOOK 1286 PAGE 1748

# 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

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. <b>Harold PARK</b>	DATE OF DEATH (Month, Day, Year) 2. <b>June 19, 1983</b>	STATE FILE NUMBER COUNTY OF DEATH 3a. <b>Carson City</b>
	CITY, TOWN, OR LOCATION OF DEATH 3b. <b>Carson City</b>		
	HOSPITAL OR OTHER INSTITUTION—Name, (if not either, give street and number) 3c. <b>Carson Conv. Center 0012001</b>		
	INSIDE CITY LIMITS (Specify Yes or No) 3d. <b>Yes</b>		
	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. <b>G Inpatient</b>		
	RACE—(e.g., White, Black, American Indian, etc) (Specify) 4a. <b>White</b>	ETHNIC 4b. <b>American</b>	AGE—Last Birthday (Years) 5a. <b>06</b> 5b. <b>90</b>
	UNDER 1 YEAR MOS. DAYS 5c.	UNDER 1 DAY HOURS MINS 5d.	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>April 27, 1893</b>
	SEX 7. <b>Male</b>	STATE OF BIRTH (If not U.S.A., name country) 8. <b>Nevada 29</b>	
	CITIZEN OF WHAT COUNTRY 9. <b>USA</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>
	SURVIVING SPOUSE (If wife, give maiden name) 11. <b>Leona Durand</b>		
	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. <b>No</b>		
	SOCIAL SECURITY NUMBER 13. <b>1743</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Buttermaker 757</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Food Industry 101</b>
	RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Minden</b>
	STREET AND NUMBER 16. <b>1584 Mono Ave.</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>
	FATHER—NAME First Middle Last 16. <b>Joseph Park</b>	MOTHER—MAIDEN NAME First Middle Last 17. <b>Janet Bull</b>	
	INFORMANT—NAME (Type or Print) 18a. <b>Mrs. Leona Park</b>		
	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>P.O. Box 12, Minden, Nevada 89423</b>		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial 1</b>	CEMETERY OR CREMATORY—NAME 19b. <b>Mottsville Cemetery</b>	LOCATION City or Town State 19c. <b>Minden, Nevada</b>
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>William P. Smith</i>		
	NAME AND ADDRESS OF FACILITY 20b. <b>Walton Funeral Home 1281 N. Roop St. Carson City, Nev.</b>		
	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) <i>Colin Soong</i>		
	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>Colin Soong</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. <i>6/28/83</i>	HOUR OF DEATH 21c. <b>0745</b>	DATE SIGNED (Mo., Day, Yr.) 22b.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		HOUR OF DEATH 22c.
	PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. <b>Colin Soong (MD) 710 West Washington Carson City, Nevada 89701</b>		
	REGISTRAR 24a. (Signature) <i>Jack M. Fralinger</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>June 21, 1983</b>	DEATH DUE TO COMMUNICABLE DISEASE 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) <b>CVA</b>	Interval between onset and death	
	PART I (b) <b>ASCVD</b>	Interval between onset and death	
	PART I (c)	Interval between onset and death	
	PART II <b>ASTHMA Cold</b>	AUTOPSY (Specify Yes or No) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>No 2</b>
	ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. <b>M</b>
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. <b>99</b>	DESCRIBE HOW INJURY OCCURRED 28d.
		LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

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

Date Issued:

**JUN 28 1983**

**No 40237**

*John H. Carr, M.D.*  
John H. Carr, M.D.  
STATE REGISTRAR

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

061987

REQUESTED BY  
**SILVER STATE TITLE AND ESCROW CO. INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

'86 DEC 15 AM 1:25

SUZANNE BEAUDREAU  
RECORDER

\$6- PAID *SM* DEPUTY

**146694**  
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