

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF Nevada)
)
1 COUNTY OF Douglas)

2
3 LAMBERT J. WOODBURN, JR., being first duly sworn, deposes
4 and says:

5 That Affiant is the surviving Joint Tenant of HELEN O. WOODBURN,
6 _____ and that the Affiant and the said
7 HELEN O. WOODBURN deceased are the Grantees in Joint
8 Tenancy under that certain Joint Tenancy Deed dated the 25th day of
9 October, 1982, under the terms of which _____
10 HELEN O. WOODBURN, a widow
11 was Seller, to HELEN O. WOODBURN, a widow and LAMBERT J. WOODBURN,
12 JR., an unmarried man, her son, as Joint
13 Tenants, upon the terms, covenants and provisions as set forth therein, said
14 document recorded October 26, 1982, in Book 1082, Page
15 1809, being Document No. 72518, of the Official Records
16 in Douglas County, Nevada, affecting all that certain piece
17 or parcel of land situate in the County of Douglas, State of
18 Nevada, described as follows:

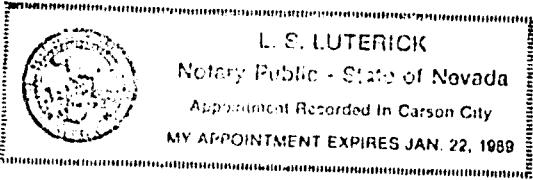
19 Lot 102, as shown on the Map of KINGSLANE UNIT NO. 1, filed in
20 the Office of the County Recorder of Douglas County, Nevada, on
21 December 26, 1968.

22 APN 25-374-01

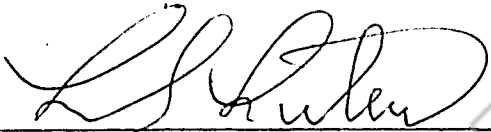
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26 That the said HELEN O. WOODBURN, deceased, was
27 one of the grantees in the above described Joint Tenancy Deed, died on the
28 10th day of January, 1987, and is the identical
29 person named in that certain certified copy of Certificate of Death, 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.

That all interest in and to said real property, hereinabove described, vested
1 absolutely in Affiant namely, LAMBERT J. WOODBURN, JR., a married man
2 as of the date of decedent's death.
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5 LAMBERT J. WOODBURN, JR.



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9 SUBSCRIBED AND SWORN TO Before me,
a Notary Public this 26 day of
June, 1980
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13 NOTARY PUBLIC
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EXHIBIT "A"
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
 VITAL STATISTICS
 Reno, Nevada

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

ROLL 62 IMAGE 544

LOCAL FILE NUMBER

39

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE PARAGRAPH REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITOR

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last : Helen O. WOODBURN		DATE OF DEATH (Month, Day, Year) 2 January 10, 1987		COUNTY OF DEATH 3a Washoe
CITY, TOWN OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c Washoe Medical Center		INSIDE CITY LIMITS (Specify Yes or No) 3d Yes
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4a White		ETHNIC 4b American	AGE—Last Birthday (Years) 5a 76	UNDER 1 YEAR MOS : DAYS 5b :
STATE OF BIRTH (if not U.S.A. name country) 8 Pennsylvania		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed	DATE OF BIRTH (Mo Day Yr.) 6 December 27 1910
SOCIAL SECURITY NUMBER 13 [REDACTED]-8065		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home	
RESIDENCE—STATE 15a Nevada		COUNTY 15b Douglas	CITY, TOWN, OR LOCATION 15c Gardnerville	STREET AND NUMBER 15d 102 Kingslane
FATHER—NAME First Middle Last 16 Charles Thompson		MOTHER—MAIDEN NAME First Middle Last 17 Ann Michaels		
INFORMANT—NAME (Type or Print) 18a Lambert Jay Woodburn Jr.		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 1650 Star Lane Reno, Nevada 89511		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Entombment		CEMETERY OR CREMATORY—NAME 19b Walton Carson Gardens		LOCATION City or Town State 19c Carson City Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b Walton Funeral Home 875 West Second Street 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) → David Dieckrichsen DATE SIGNED (Mo., Day, Yr.) 21b Jan 12 1987		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) → [Signature] DATE SIGNED (Mo., Day, Yr.) 22b 22c		
21c HOUR OF DEATH 21c 6:20 A.M.		22d ON 22e AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 DAVID DIECKRICHSEN 2005 Silverado Reno, NV				
REGISTRAR 24a [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b January 12, 1987		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) Congestive Heart Failure b) c) Interval between onset and death 2 wks.				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Renal failure AUTOPSY (Specify Yes or No) 26 NO WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 NO				
AIRCRAFT ACCIDENT OR PENDING INVESTIGATION 28a		DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c	DESCRIBE HOW INJURY OCCURRED 28d
INJURY AT WORK (Specify Yes or No) 28e		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f	LOCATION 28g	STREET OR R.F.D. No. CITY OR TOWN STATE

SEAL

N#67313

157647

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VITAL RECORDS

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

FROM THE OFFICE OF THE CLERK OF THE DISTRICT COURT

OIL JAN 14 1997

Walter J. ...

Debbie ...

SEAL

THIS SEAL IS AFFIXED TO ALL RECORDS AND IS VALID ONLY IF IT IS NOT CHANGED IN ANY MANNER BY THE CLERK OF THE DISTRICT COURT

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DISTRICT COURT, DISTRICT OF COLUMBIA

87 JUL -2 P 3:19

SUZANNE BULLBROOK
FBI ORDER

\$800 PAID *Bill* DEPUTY

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