

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada)
) ss.
COUNTY OF Churchill)

Frank W. Boyce, Jr. of legal age, being first
duly sworn, deposes and says:

THAT Frank W. Boyce, Sr., the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as Frank W. Boyce, Sr. named as one of the parties
in that certain Deed of Trust dated April 19, 1977,
executed by Gary F. Gazaway and Virginia E. Gazaway
to Frank W. Boyce and Ann C. Boyce
as joint tenants, recorded as Instrument No. 08852
on April 29, 1977, in book 477, page 1655,
of Official Records of Douglas County, Nevada,
covering the following described property situated in the _____
_____ County of Douglas State of Nevada:

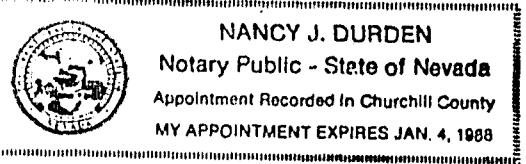
Lot 6 Block c Vista Grande Subdivision Unit No. 2

THAT the said decedent, Frank W. Boyce, Sr. is one of
the joint tenant grantees in that certain said Deed of Trust
and that all interest in and to said real property is vested absolutely in
affiant, namely Ann C. Boyce.

Dated August 7, 1987 *Frank W. Boyce, Jr.*
Frank W. Boyce, Jr.

SUBSCRIBED AND SWORN TO before me
this 7th day of August

Signature *Nancy J. Durden*
NANCY J. DURDEN
Name (typed or printed)



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	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
	1.	Francis William BOYCE (Sr.)			2 July 4, 1986		3a. Churchill
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. Fallon		3c. Churchill Regional Medical Center		3d. Yes	3e. Inpatient	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	4a. RACE—(e.g., White, Black, American Indian, etc) (Specify)	4b. ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	SEX
	4a. White		5a. 79	5b. :	5c. :	6 December 10, 1906	7. Male
PARENTS	8. STATE OF BIRTH (If not U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
	8. California	9. USA	10. Married		11. Ann C. Fernandez		12. No
DISPOSITION	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14b. KIND OF BUSINESS OR INDUSTRY		
	13. 9715		14a. Contractor		14b. Construction		
CERTIFIER	15a. RESIDENCE—STATE	15b. COUNTY	15c. CITY, TOWN, OR LOCATION		15d. STREET AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada	15b. Churchill	15c. Fallon		15d. 1100 Arrowhead		15e. No
CAUSE OF DEATH	16. FATHER—NAME First Middle Last			17. MOTHER—MAIDEN NAME First Middle Last			
	16. George W. Boyce			17. Agnes Tillison			
CAUSE OF DEATH	18a. INFORMANT—NAME (Type or Print)			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. Francis W. Boyce, Jr. (son)			18b. 1100 Arrowhead, Fallon, Nevada 89406			
CAUSE OF DEATH	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY—NAME		19c. LOCATION City or Town State		
	19a. Cremation		19b. Mt. View Crematory		19c. Reno, Nevada		
CAUSE OF DEATH	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. NAME AND ADDRESS OF FACILITY				
	20a. <i>[Signature]</i>		20b. Alexander's Pyramid Funeral Home; Sparks, Nevada				
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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.			
	21a. <i>[Signature]</i> MD			22a. <i>[Signature]</i>			
CAUSE OF DEATH	21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH
	21b. July 8, 1986		21c. 1:05 AM		22b.		22c.
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		22e. AT	
	21d.			22d. ON		22e. AT	
CAUSE OF DEATH	23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)						
	23. Gary Ridenour, MD. 625 W. Williams Ave., Fallon, Nevada 89406						
CAUSE OF DEATH	24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. DEATH DUE TO COMMUNICABLE DISEASE		
	24a. <i>[Signature]</i>		24b. July 8, 1986		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
	PART I (a) CARDIO PULMONARY ARREST						
CAUSE OF DEATH	PART I (b) CHF						
	PART I (c) COPD						
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
	PART II				26. No		27. No
CAUSE OF DEATH	28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED
	28a.		28b.		28c. M		28d.
CAUSE OF DEATH	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
	28e.		28f.		28g.		

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No 57316

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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: JUL 15 1986

Deputy Registrar *[Signature]*

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'87 AUG 13 P12:03

SUZANNE BEAUDREAU
RECORDER

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\$ 7.00 PAID SP DEPUTY
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