

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada)
COUNTY OF Douglas)
SS.

Glenda R. Smith of legal age, being first
duly sworn, deposes and says:

THAT William H. Smith, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as William H. Smith named as one of the parties
in that certain Grant Deed dated October 15, 1976,
executed by Donald W. Swezey and Beverly H. Swezey
to William H. Smith and Glenda R. Smith
as joint tenants, recorded as Instrument No. 04007
on October 15, 1976, in book 1076, page 700,
of Official Records of Douglas County, Nevada,
covering the following described property situated in the
County of Douglas State of Nevada:

Lot 24, as shown on the Map of Gardnerville Ranchos Unit No. 2, filed in
the office of the County Recorder of Douglas County, Nevada, on June 1, 1965,
as Document No. 28309 and on June 4, 1965, as Document NO. 28377.

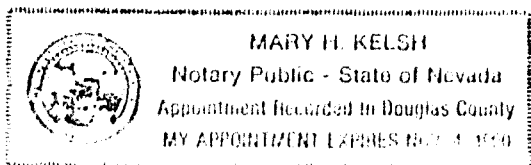
THAT the said decedent, Glenda R. Smith is one of
the joint tenant grantees in that certain said Grant Deed
and that all interest in and to said real property is vested absolutely in
affiant, namely Glenda R. Smith.

Dated November 7, 1988

Glenda R. Smith
Glenda R. Smith

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

Signature Mary H. Kelsh
MARY H. KELSH Mary H. Kelsh
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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last 1 William Henry SMITH	DATE OF DEATH (Month, Day, Year) 2 February 15, 1983	STATE FILE NUMBER	COUNTY OF DEATH 3a Douglas
DECEDENT	3b City, Town, or Location of Death Gardnerville		3c Hospital or Other Institution—Name (If not either, give street and number) 965 Dean Dr.		3d Inside City Limits (Specify Yes or No) Yes
	3e Hosp or Inst indicate DOA, OP/Emer Inpatient (Specify)				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	4a Race—(e.g., White, Black, American Indian, etc) (Specify) White		4b Ethnic American		4c Age—Last Birthday (Years) 52
	4d Under 1 Year MOS : DAYS		4e Under 1 Day HOURS : MINS		4f Date of Birth (Mo., Day, Yr.) August 22, 1930
PARENTS	8 State of Birth (If not U.S.A., name country) California		9 Citizen of What Country U.S.A.		10 Married, Never Married, Widowed, Divorced Married
	11 Surviving Spouse (If wife, give maiden name) Glenda Everett		12 Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No) Yes		
SPOUSION	13 Social Security Number -5674		14a Usual Occupation (Give Kind of Work Done During Most of Working Life, Even if Retired) Purchasing Manager		14b Kind of Business or Industry Electronics
	15a Residence—State Nevada		15b County Douglas		15c City, Town, or Location Gardnerville
CERTIFIER	15d Street and Number 965 Dean Dr.		15e Inside City Limits (Specify Yes or No) Yes		
	16 Father—NAME First Middle Last Elliott D. Smith		17 Mother—MAIDEN NAME First Middle Last Mary M. Mouck		
CAUSE OF DEATH	18a Informant—NAME (Type or Print) Mrs. Glenda Smith		18b Mailing Address (Street or R.F.D. No., City or Town, State, Zip) 965 Dean Dr. Gardnerville, Nv.		
	19a Burial, Cremation, Removal, Other (Specify) Cremation		19b Cemetery or Crematory—NAME Sierra Crematory		19c Location City or Town State Reno Nevada
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.	20a Funeral Director—SIGNATURE (Or Person Acting as Such) <i>William P. Miller</i>		20b Name and Address of Facility Waltons Funeral Home P.O. Box 1056 Carson City, Nv.		
	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>William Thomas (MD)</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>William Thomas (MD)</i>		
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.	21b DATE SIGNED (Mo., Day, Yr.) 2/16/83		21c HOUR OF DEATH 3:25 A.M.		22b DATE SIGNED (Mo., Day, Yr.)
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c PRONOUNCED DEAD (Mo., Day, Yr.)		22d ON
21e		22e		22f AT	
23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) William Thomas (MD) 1000 N. Division St. Carson City, Nevada 89701					
24a REGISTRAR (Signature) <i>Vicki L. Carlson</i>		24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Feb. 16, 1983		24c DEATH DUE TO COMMUNICABLE DISEASE 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) <i>Metastatic malignant bronchogenic cyst</i>		Interval between onset and death		2 years	
(b)		Interval between onset and death			
(c)		Interval between onset and 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) NO	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) NO					
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		28e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f LOCATION	
28g STREET OR R.F.D. No.		28h CITY OR TOWN		28i STATE	

SEAL

No 40132

VITAL RECORDS

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John H. Carr, M.D.
STATE REGISTRAR



042470

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'88 DEC -1 P12:09

SUZANNE BEAUDREAU
RECORDER

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\$ 700 PAID OK DEPUTY
BOOK 1288 PAGE 023

