

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA )  
COUNTY OF Douglas )

MILDRED G. SMITH, being first duly sworn, deposes

and says:

That Affiant is the surviving Joint Tenant of JOHN ROBERT SMITH

and that the Affiant and the said

JOHN ROBERT SMITH deceased are the Grantees in Joint

Tenancy under that certain Joint Tenancy Deed dated the 27th day of July, 1972, under the terms of which

HAROLD V. BYRNS and OLIVE J. BYRNS, husband and wife

was Seller, to JOHN R. SMITH and MILDRED G. SMITH, husband and wife

, as Joint

Tenants, upon the terms, covenants and provisions as set forth therein, said

document recorded July 28, 1972, in Book 103, Page

644, being Document No. 60876, of the Official Records

in Douglas County, Nevada, affecting all that certain piece

or parcel of land situate in the County of Douglas, State of

Nevada, described as follows:

Lot 12, as shown on the map of LINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, under File No. 43243.

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO IT'S REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

That the said JOHN ROBERT SMITH, deceased, was

one of the grantees in the above described Joint Tenancy Deed, died on the

27th day of December, 1988, and is the identical

person named in that certain certified copy of Certificate of Death, attached

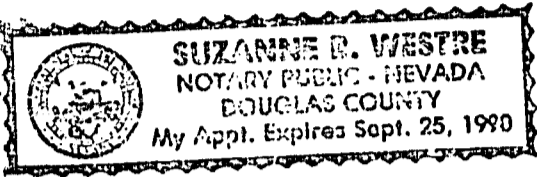
hereto as Exhibit "A", that the said certified copy of Death Certificate is

hereby referred to and by such reference is incorporated into this paragraph as

though herein fully set forth.

That all interest in and to said real property, hereinabove described, vested  
1 absolutely in Affiant namely, Mildred G. Smith  
2 as of the date of decedent's death.  
3

Mildred G. Smith  
MILDRED G. SMITH



8 SUBSCRIBED AND SWORN TO Before me,  
9 a Notary Public this 4<sup>th</sup> day of  
10 January, 1989

11  
12 Suzanne R. Westre/Reddon  
13 NOTARY PUBLIC

COPY

# 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. John Robert SMITH			2. December 27, 1988			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. Gardnerville			3c. 1224 Kingslane			3d. yes			3e.										
	RACE—(e.g., White, Black, American Indian, etc) (Specify)			ETHNIC			AGE—Last Birthday (Years)			UNDER 1 YEAR			UNDER 1 DAY			DATE OF BIRTH (Mo., Day, Yr.)			SEX	
4a. White			4b. English			5a. 77			5b. MOS : DAYS			5c. HOURS : MINS			6. August 20, 1911			7. Male		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.	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. England			9. U.S.A.			10. Married			11. Mildred G. Skeels			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. -6001			14a. Mechanic			14b. Aircraft														
PARENTS	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)							
	15a. Nevada			15b. Douglas			15c. Gardnerville			15d. 1224 Kingslane			15e. yes							
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last																
16. Robert Smith			17. Mary Jane Marcy																	
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)																
	18a. Mary Stevens			18b. 11202 Ryandale Drive, Culver City, California			90230													
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State													
19a. Cremation			19b. FitzHenry's Crematory			19c. Carson City Nevada														
FUNERAL DIRECTOR'S SIGNATURE (If Person Acting as Such)			NAME AND ADDRESS OF FACILITY																	
20a. <i>David H. Johnson</i>			20b. FitzHenry's Funeral Home and Crematory			833 N. Edmonds Drive, Carson City, NV 89701														
To be Completed by CERTIFYING PHYSICIAN	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.																
	(Signature and Title)			(Signature and Title)																
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH																
21b. 12/28/88			21c. 1735																	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)														
21d.			22d. ON			22e. AT														
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)																				
23. David H. Johnson, M.D., P.O. Box 1208, Gardnerville, Nevada 89410																				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE													
	24a. <i>David H. Johnson</i>			24b. December 29, 1988			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) RESPIRATORY ARREST																	
			DUE TO, OR AS A CONSEQUENCE OF:																	
			(b) ADVANCED PUL CA.																	
			DUE TO, OR AS A CONSEQUENCE OF:																	
			(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. No			27. yes														
ACC. SUICIDE, HOM. 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.														

N#81866

VITAL RECORDS

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

By: *David H. Johnson*

Date Issued:

DEC 29 1988

Deputy Registrar

SEAL



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

COPY

REQUESTED BY  
STEWART TITLE of DOUGLAS COUNTY  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'89 JAN -5 P1:50

SUZANNE BEAUDREAU  
RECORDER  
\$ 8.00 PAID [Signature] DEPUTY  
BOOK 189 PAGE 393

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