

George J. McNally, Esq.
P.O. Box 1060
Minden - NV 89423

AFFIDAVIT UNDER NEVADA REVISED STATUTES 146.080

STATE OF NEVADA)
 : SS
COUNTY OF DOUGLAS)

COMES NOW, LOIS J. RAYMOND, being duly sworn, deposes and says:

1. That I make this declaration in order to induce NEVADA NATIONAL BANK to transfer to me the property described in paragraph 3 below under the provisions of Nevada Revised Statute 146.080 and to that end represent that the following statements are true.

2. That LEWIS DELVIN RAYMOND, Deceased, died intestate in Reno, Washoe County, Nevada, on the 26th day of October, 1988. That such decedent died leaving no real property or interest therein nor lien thereon. That attached hereto and incorporated herein as if set forth in full, verbatim, as Exhibit "A" is a copy of the Certificate of Death issued by the State of Nevada, Department of Human Resources, attesting to the death of said LEWIS DELVIN RAYMOND, deceased.

3. That the total value of the decedent's property excluding any motor vehicles of which the decedent is the owner or legal owner, over and above any amounts due decedent for services in the armed forces of the United States, and over and above the amount of salary not exceeding Ten Thousand Dollars (\$10,000), including compensation for unused vacation, owing to decedent for services from any employment, does not exceed Ten Thousand Dollars (\$10,000), and includes the following:

A checking account at Nevada National Bank of Carson Valley Office 18, P.O.Box 578, Gardnerville, Nevada 89410, being account number 180365167/293 with a balance of \$295.51 as of the period ending November 9, 1988.

4. That your affiant is the wife of the decedent. My name and address are as follows: Lois J. Raymond, 1411 Sandstone, Wellington, Nevada 89444.

5. That no probate proceeding is now being or has been conducted for the decedent's estate.

6. That your affiant has the right, pursuant to the provisions of Nevada Revised Statutes 146.080 to succeed to the property of the decedent, and to have any evidences of interest, indebtedness or right transferred to him by any person, representative, corporation or body owing the money or having custody of such property, or acting as registrar or transfer agent of such evidences of interest.

194516

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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 66 IMAGE 931

1531

	LOCAL FILE NUMBER 1531			STATE FILE NUMBER		
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Lewis Delvin RAYMOND			DATE OF DEATH (Month, Day, Year) 2. October 26, 1988		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. Veterans Medical Center		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes
DECEDENT	RACE—(e.g., White, Black, American Indian, etc) (Specify) 4a. White		ETHNIC 4b. Irish	AGE—Last Birthday (Years) 5a. 64	UNDER 1 YEAR MOS : DAYS 5b. :	UNDER 1 DAY HOURS : MINS 5c. :
	STATE OF BIRTH (if not U.S.A., name country) 8. Michigan		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married		DATE OF BIRTH (Mo., Day, Yr.) 6. September 21, 1924
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED] 4712		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Master Sargent		SURVIVING SPOUSE (If wife, give maiden name) 11. Lois Pollack	
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Wellington	STREET AND NUMBER 15d. 1411 Sandstone Dr.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
PARENTS	FATHER—NAME First Middle Last 16. Charles J. Raymond			MOTHER—MAIDEN NAME First Middle Last 17. Agnes Cameron		
	INFORMANT—NAME (Type or Print) 18a. Lois Raymond			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1411 Sandstone Dr. Wellington, Nevada 89444		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Masonic Memorial Gardens		LOCATION City or Town State 19c. Reno, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Mark L. Dulin</i>		NAME AND ADDRESS OF FACILITY 20c. Northern Nevada Memorial 616 S. Wells Av. Reno, NV 89502			
CERTIFIER	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>[Signature]</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>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. November 2, 1988		HOUR OF DEATH 21c. 0545		DATE SIGNED (Mo., Day, Yr.) 22b. November 2, 1988	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON October 26, 1988		PRONOUNCED DEAD (Hour) 22e. AT 0545
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR <i>[Signature]</i> Dep			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. November 2, 1988		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) Hepatorenal failure with gastrointestinal hemorrhage					
	DUE TO, OR AS A CONSEQUENCE OF: (b) Cirrhosis of the liver					
DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic ethanolism						
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Squamous cell carcinoma of the lung			AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
	ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M 28d.	DESCRIBE HOW INJURY OCCURRED	
	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION, STREET OR R.F.D. No., CITY OR TOWN STATE 28g.	

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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

COPY

No 219244

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA.

ON NOV 3 1988

Walt J...

REGISTRAR-VITAL STATISTICS

BY *[Signature]*
DEPUTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE.

REQUESTED BY *George McHally*
IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'89 JAN 18 AM 1:40

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SUZANNE BEAUDREAU
RECORDER

\$ *8.00* PAID *Bh* DEPUTY