

When Recorded Mail To:

Mr. Frederick R. Coons
1527 Downs Lane, Route 3
Minden, Nevada 89423

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS
COUNTY OF DOUGLAS)

FREDERICK R. COONS, being first duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the affiant is the person named as FREDERICK R. COONS, SR., joint tenant, one of the two grantees on that certain Grant, Bargain and Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 17th day of November, 1978, in Book 1178, Page 1182, being document number 27479, wherein FREDERICK R. COONS, SR. and MARY J. COONS, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

Lot 7, as shown on the map of SIERRA VIEW SUBDIVISION, Douglas County, Nevada, filed in the office of the County Recorder of Douglas County, Nevada, on April 18, 1960, under File No. 15897.

That MARY J. COONS was one of the grantees named in said Grant, Bargain and Sale Deed and was the identical person named as MARY J. COONS, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim.

JAMES M. O'REILLY
ATTORNEY AT LAW
P.O. BOX 1268
GARDNERVILLE, NV 89410
(702) 782-3647

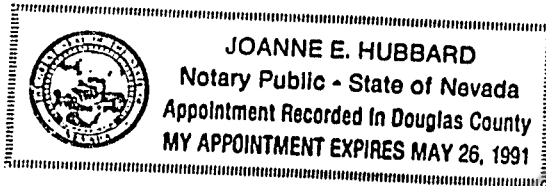
That your affiant is the surviving spouse of said decedent and that said decedent died on the 1st day of December, 1988.

That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Frederick R. Coons Sr.
FREDERICK R. COONS, SR.

SUBSCRIBED AND SWORN to before me
this 13 day of February 1989.

Joanne E. Hubbard
Notary Public



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 67 IMAGE 153

LOCAL FILE NUMBER 1748

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH					
	1. <u>Mary J. COONS</u>			2. <u>December 1, 1988</u>		3a. <u>Washoe</u>					
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)					
	3b. <u>Reno</u>			3c. <u>VA Medical Center</u>		3d. <u>yes</u>					
IF DEATH OCCURRED IN INSTITUTION SEE HANGING REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR				
	4a. <u>White</u>		4b. <u>Irish</u>		5a. <u>68</u>		5b. <u>5</u> : <u>0</u> : <u>0</u>				
	UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)		SEX		7. <u>Female</u>				
	6. <u>Sept. 16, 1920</u>										
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)				
	18. <u>Frank Cox</u>			17. <u>Katherine McFadden</u>			10. <u>Married</u>				
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
	18a. <u>Frederick R. Coons, Sr.</u>			18b. <u>1527 Downs Drive, Minden, Nevada 89423</u>							
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		LOCATION City or Town State					
	19a. <u>Cremation</u>			19b. <u>FitzHenry's Crematory</u>		19c. <u>Carson City Nevada</u>					
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (For Person Acting as Such)			NAME AND ADDRESS OF FACILITY							
	20a. <u>[Signature]</u>			20b. <u>833 N. Edmonds Drive, Carson City, Nevada 89701</u>							
	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.							
	21b. <u>[Signature]</u>			22b. <u>[Signature]</u>							
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
	21e. <u>Dec. 2, 1988</u>			21c. <u>2:30 A.M.</u>		22c. <u></u>		22e. <u>AT</u>			
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		22e. AT					
	21d. <u>J. W. [Signature]</u>										
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)										
	23. <u>JEAN EDSALL, M.D., 1000 LOCUST STREET, RENO, NV 89520</u>										
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
	24a. <u>[Signature]</u> Dep.			24b. <u>December 2, 1988</u>		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))							Interval between onset and death			
	PART I (a) <u>Cardiac Arrest</u>							Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death			
	(b) <u>Acute Respiratory Failure</u>							Interval between onset and death			
CAUSE OF DEATH	(c) <u></u>							Interval between onset and death			
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)							AUTOPSY (Specify Yes or No)			
	26. <u>NO</u>							27. <u>NO</u>			
	27. <u>NO</u>										
CAUSE OF DEATH	ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED				
	28a. <u></u>		28b. <u></u>		28c. <u></u>		28d. <u></u>				
	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	
	28a. <u></u>		28f. <u></u>			28g. <u></u>					

Nº81833

196571

VITAL RECORDS
EXHIBIT

BOOK 289 PAGE 2054

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

PROXY

No. **321290**
 THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA.
 ON **DEC 5 1988**
 BY *[Signature]*
 REGISTRAR-VITAL STATISTICS
 SE
 THIS COPY IS NOT TO BE USED FOR ANY PURPOSES THAT MIGHT BE CONSIDERED AS AFFECTING THE RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

REQUESTED BY
James O'Reilly
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

'89 FEB 21 A11 :24

SUZANNE BEAUDREAU
 RECORDER

\$ 8⁰⁰ PAID *[Signature]* DEPUTY

196571

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