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PETER L. KNIGHT 19 ATTORNEY AT LAW

20 Main Office 4th & Esmeralda 🔪 P.O. Box 1030 21 Minden, NV 89423 (702) 782-9721

Tonopali Office 23 Belmont Estates P.O. Box 1271 Tonopah, NV 89049

(702) 482-6803 35

24"

ELEANOR L. JOHNSON, Deceased.

STATE OF NEVADA ss. COUNTY OF DOUGLAS

On this 12th day of April , 1989, personally appeared before me, the undersigned Notary Public within and for the county and state aforesaid, MARVIN E. JOHNSON, who being first duly sworn, deposes and says:

- That he makes this affidavit pursuant to, and under the authority of, N.R.S. 40.470.
- That on the 29th day of March, 1976, by an instrument appearing of record as File No. 89196, in Book 376, at Page 1316 of Official Records of Douglas County, Nevada, all of which is incorporated by reference herein, affiant and deceased acquired, as joint tenants with right of survivorship, certain real property situate in the County of Douglas, State of Nevada, particularly described as follows:

LOT 6, BLOCK I, as shown on the official Map of TOPAZ RANCH ESTATES, UNIT NO. 4, filed in the office of the Douglas County Recorder, State of Nevada, on November 16, 1970, as Document No. 50212

Assessor's Parcel No. 37-452-06

That the said ELEANOR L. JOHNSON died on the 27th

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day of February, 1989, at Carson City, Nevada, that a certified copy of the certificate of death of said decedent is attached hereto and made a part hereof.

That affiant is the husband of said deceased, and has personal knowledge of the facts set forth herein.

> MARVIN E. JOHNSON

SUBSCRIBED and SWORN to before me this 12th day of April , 1989.

Notary Public





## 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

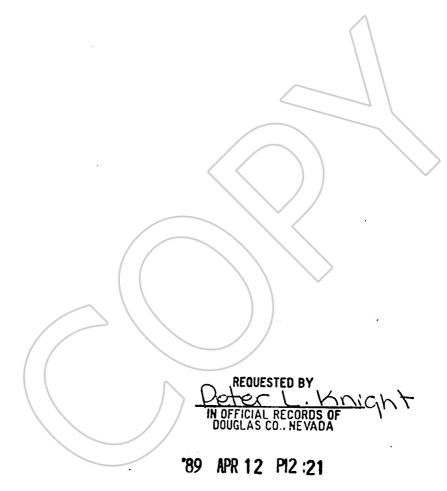
ſ	· CERTIFICATE OF DEATH												•	
TYPE	LOCAL FILE NUMBER  DECEASED—NAME First							La tes os astr			E FILE NUMBER			
OR PRINT IN					Middle		JOHNSON		l .	1 (Month, Day, Year)	1	COUNTY OF DEATH		
PERMANENT BLACK INK		1. CITY, TOV	Eleano WN, OR LOCATION OF		L. THOSPITAL OR	OTHER IN	JUHNS STITUTION—Name (		reet and number)	ary 27, 19	cate DOA, OP/	<sup>3a.</sup> Carsor Emer.   <i>SEX</i>	1 City	
		3b. Ca	arson City		3c. Car	son-	Tahoe Hos	pital		Rm. Inpatient (Spe-	cify)		nale	
F DEATH OCCURRED IN INSTITUTION SEE HAVEBOOK PEGLARONG COMPLETION OF PESCHENCE ITEUS			.g., White, Black, Amer	ncan Was D	ecedent of Hispa Mexican, Cuban	nic Origin? , Puerto Ri	Specify I yes Kno ican, etc.	If yes. AGE-Last Birthday (Y	ears) MOS •	YEAR UNDER 1	DAY DATE	OF BIRTH (Mo., Da		
		5. W	nite	6.				7a. 74	76.	7c.	8. J	une 28, 1	1914	
			.A., name country)	Cit			Decedent's Education grade completed.	on. Specify highes	WIDOWED, DIN	ORCED		SPOUSE (II wife, give		
			linnesota ECURITY NUMBER	9b	U.S.A	ON (Give F	10. LD Kind of Work Done Du	ring Most of	(Specify) Ma	TT1ed		vin E. Jo	onnson	
		13.	6070	14.			(ret.)		14b. H	ospital	The same of the sa			
			CE-STATE	COUNTY		T	CITY, TOWN, OR LO	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	STRE	ET AND NUMBER	1	INSIDE CITY LIN	IITS	
	`\		evada	15b. Dougl			15c. Wellington			L	5 Granite Way		15e. NO	
PARENTS	1	FATHER-	-NAME First Hilmer		Middle	7	ohnson	MOTHER-MAID	<sub>EN NAME</sub> Ida	First	Middle	Edsti	rom	
	$\overline{}$	16. INFORMAN	NT_NAME (Type or Pri	nt)		<u> </u>	MAILING ADD	17. RESS	100	I.F.D. No., City or Tow	n, State, Zip)		· Onl	
DISPOSITION	185. Marvin E. Johnson 185. 3835 Granite Way, Wellington, Nevada 89444													
		BURIAL, CREMATION, REMOVAL, OTHER (Spealy) CEMETERY OR CREMATORY—NAME LOCATION City or Town												
			Cremation	*	196	. Fi	tzHenry's	Cremato	ry /	196. Carso	on City	Nevad	la	
	1	FUNERAL DIRECTOR SIGNATURE   FUNERAL DIRECTOR   NAME AND ADDRESS OF FACILITY FITZHENRY'S Funeral Home and   Congress Acting as Section   1775   Congress City   NV   80702												
	>	20a. De July An Honry 20b. #36   20c Crematory, P.O. Box 1775, Carson City, NV 8970   21a. 16 the best of my knowledge, death occurred at the time, date and place and   22a. On the basis of examination and in my opinion real the time, date and place and   22a. On the basis of examination and in my opinion real the time, date and place and   22a. On the basis of examination and in my opinion real the time, date and place and   22a. On the basis of examination and in my opinion real the time, date and place and   22a. On the basis of examination and in my opinion real the time, date and place and   22a. On the basis of examination and												
	21a. Withe best of My knowledge, death occurred in the time, date and place and due to the cadso(s) stated.  (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  PORT 21b.  21c.  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  PEB.  21a. Withe best of My knowledge, death occurred in the time, date and place and due to the cause at the time, date and place and the time, date and time and time and time and time and time.										to the cause(s)	and martin stated.	مريم مريم	
	Signature and Title)  OATE SIGNED (Mo., Day, Yr.)  HOUR OF DEATH  Signature and Title)  OATE SIGNED (Mo., Day, Yr.)  HOUR OF DEATH  Signature and Title)  OATE SIGNED (Mo., Day, Yr.)  HOUR OF DEATH  Signature and Title)  OATE SIGNED (Mo., Day, Yr.)  HOUR OF DEATH  Signature and Title)									HON OF DE	1630			
	3	S N N N	21b.	C DUVEICIAN	21c	CENTIFIE	D (Type or Print)			AD (Mo., Day, Yr.)	220.	ED DEAD (Hour)		
		TERT		FOTHER THAN CERTIFIER (Type or Print)				Feb. 27, 1989   0630						
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.) NV 89701 LICENSE NUMBER													
	23a Sgt. Darryl Peterson, Deputy Corøner, 901 E. Musser, Carson City 23b #2											#26		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  CAUSE OF DEATH		REGISTRA		120		/_/	BATE F	ECEIVED BY REGIS	STRAR (Mo., Day. )			ILE DISEASE		
	24a. (Signature) 24c YES NO XI  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  • Interval between onset and death													
		Acute Anical Interal Wall Myocardial Infort												
	1	PART (a) ACUTE APTICAL EACETAL WALL PLYOCALITAL INTALE  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and death												
	Near Occlusive Atherosclerotic Vascular Disease													
	1/	' (	DUE TO, OR AS A CONSEQUENCE OF:  (c) Severe Systemic Atherosclerosis											
	1/		OTHER SIGNIFICANT					n the underlying caus	se given in Part I.			CASE REFERRED T		
	4	PART II			Δ.	-	_		-	26. yes	or Nó)   CORO 27.	NER (Specify Yes o	r No)	
	N	ACC., SUI	CIDE, HOM., UNDET.,	DATE OF INJ	URY (Mo. Day, Yr.)	HOUR	OF INJURY (	ESCRIBE HOW IN.	JURY OCCURRED		<del></del>			
	- 1	(Specify) 28a.	ecity) 28b. URY AT WORK PLACE OF I ecity Yes or No)			28c.	М		0.000.00		CITY OR TOW			
1		(Specify Ye			UURYAt home, farm, str building, etc. (Spe		W T	OCATION. 18g.	SIMEELURI	R R.F D. No. CITY C		N STATE		
1	1	28e.		281.	/ /			GISTRAR			<u> </u>	20500		
	1	<u> </u>	The same of the sa				STATE RE	GISTRAR		4.4 3 3	No.Ŭ	12288		
		The Road of the Lot of			/			_	/.	11' /	Mach	7		

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

Date Issued:

MAR 01 1989

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



SUZANNE BEAUDREAU
RECORDER 200018
PAIL DEPUTY

500K 489 MAGE 1229