

Affidavit-Death of Joint Tenant

TO 5036 NV (5-73)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

204758/70

STATE OF NEVADA,

COUNTY OF Douglas

} ss.

Darcee Ann Monington, of legal age, being first duly sworn, deposes and says:
 That Anna Marie Monington, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Anna Marie Monington
 named as one of the parties in that certain Quitclaim deed dated December 20, 1985,
 executed by Anna Marie Monington and Annette Marie Palos
 to Anna Marie Monington and Darcee Ann Monington
 as joint tenants, recorded as Instrument No. 129000, on January 3, 1986, in
 book 186, page 167, of Official Records of Douglas
 County, Nevada, covering the following described property situated in the _____
 County of Douglas, State of Nevada:

Lot 9, Block C, as set forth on the Map Of Vista Grande Subdivision Unit 2,
 Filed March 20, 1972, as Document No. 58273, Official Records of Douglas
 County, Nevada

13-151-04

That the value of all real and personal property owned by said decedent at date of death, including the full value of
 the property above described, did not then exceed the sum of \$ _____.

Dated 7/25/89

Darcee Ann Monington

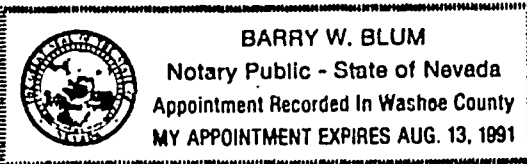
SUBSCRIBED AND SWORN TO before me

Darcee Ann Monington

this 25 day of July

Signature Barry W. Blum

Diane Bass for Barry W. Blum
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

Norwest Financial Nevada 2 Inc

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

Norwest Financial Nevada 2 Inc =
 PO Box 10601
 Reno, NV 89510

SPACE BELOW THIS LINE FOR RECORDER'S USE

207721

BOOK 789 PAGE 3653

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	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH	
	1	Anna	Marie	MONINGTON	2. June 19, 1989	3a. Douglas		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX		
	3b. Rural-Douglas		3c. 3439 Vista Grande Blvd.		3e.	4. Female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes, <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)		
	5. White	6.	7a. 61	7b.	7c.	8. Dec. 4, 1927		
FATHER—NAME First Middle Last	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)			
	9a. California	9b. U.S.A.	10.	11. Divorced	12.			
PARENTS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY					
	13. [REDACTED]-0329	14a. Inspector	14b. Manufacturing					
DISPOSITION	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)			
	15a. Nevada	15b. Douglas	15c. Jacks Valley	15d. 3439 Vista Grande	15e. no			
CERTIFIER	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
	16. August T. Nylund		17. Marie McGlumphy					
CAUSE OF DEATH	INFORMANT—NAME (Type or Pnnt)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
	18a. DarCee Ann Monington		18b. 3439 Vista Grande Blvd., Carson City, Nevada 89705					
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20a. [Signature]		20b. #36		20c. Crematory, P.O. Box 1775, Carson City, NV 89702			
CAUSE OF DEATH	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)			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) and manner stated. (Signature and Title)				
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
CAUSE OF DEATH	21b. June 21, 1989			21c. 0830		22b.		22c.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnnt)			22d. ON		22e. AT		
CAUSE OF DEATH	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Pnnt.)						LICENSE NUMBER	
	23a. H. Hume, M.D., 75 Pringle Way, Reno, Nevada 89502						23b. #2787	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. [Signature]		24b. June 21, 1989		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) Carcinoma Metastasis of the brain and lung DUE TO, OR AS A CONSEQUENCE OF							Interval between onset and death
CAUSE OF DEATH	(b) PRIMARY LUNG CARCINOMA DUE TO, OR AS A CONSEQUENCE OF							Interval between onset and death
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.							Interval between onset and death
CAUSE OF DEATH	AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)					
	25. no		27. yes					
CAUSE OF DEATH	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.				
CAUSE OF DEATH	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.					

STATE REGISTRAR [Signature] No. 009134
By: [Signature] Deputy Registrar
SEAL

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: JUN 29 1989

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

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**TITLE INSURANCE
AND TRUST**

ATICOR COMPANY

Affidavit

Death of

Joint Tenant



**TITLE INSURANCE
AND TRUST**

ATICOR COMPANY

COMPLETE STATEWIDE TITLE SERVICE
WITH ONE LOCAL CALL

Affidavit

Death of

Joint Tenant



**TITLE INSURANCE
AND TRUST**

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COMPLETE STATEWIDE TITLE SERVICE
WITH ONE LOCAL CALL



**TITLE INSURANCE
AND TRUST**

ATICOR COMPANY

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 JUL 31 P12:46

SUZANNE BEAUDREAU
RECORDER **207721**
\$ ⁰⁰ ₆₀ PAID *K12* DEPUTY