AFFIDAVIT ESTABLISHING DEATH OF JOINT TENANT, AND TERMINATING INTEREST OF SUCH JOINT TENANT IN REAL PROPERTY

On this _/ day of ______, 1989 personally appeared before me, the undersigned Notary Public within and for the county and state aforesaid, Lois Chidester, who being first duly sworn, deposes and says:

- 1. That she makes this affidavit pursuant to, and under the authority of N.R.S. 40.070.
- 2. That on the 1st day of February 1974, by an instrument appearing of record as Document No. 71487, in Book 274, on page 37 of Official Records of Douglas County, Nevada, all of which is incorporated by reference herein, affiant and Irvin Clayton Chidester 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 66, ALPINE VIEW ESTATES, UNIT NO. 3, as shown on the official map recorded in the office of the County Recorder on April 16, 1973 in the Book of Maps, as Document No. 65319.

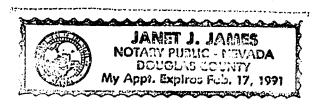
That the said Irvin Clayton Chidester died on the 28th day of August, 1989, at Carson City, Nevada and that a certified copy of the certificate of death of said deceased is attached hereto and made a part hereof.

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

LOIS CHIDESTER

SUBSCRIBED and SWORN to before me this /些 day of <u>Noverto</u>, 1989.

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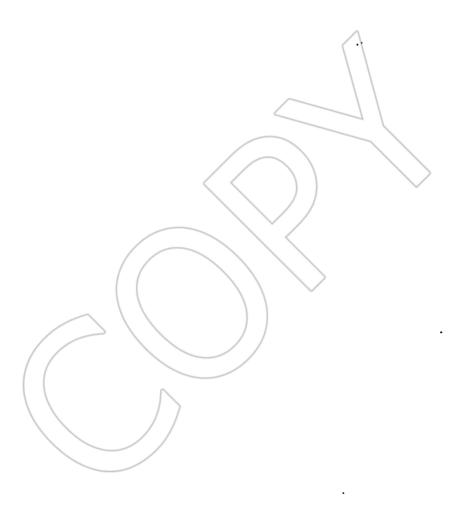
STATE OF NEVADA

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

	LOCAL FILE NUMBER										STATE FILE NUMBER DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH				
TYPE OR PRINT	DECEASED-	NAME First		Middle			Last	1			•	COUNT	Y OF DEATH		
PERMANENT	1. Irvin						ESTER		2. Augu	ıst 28	3, 1989] ³a.Ca	3a Carson City		
BLACK INK	CITY, TOWN, OR LOCATION OF DEATH		EATH	HOSPITAL OR OTHER INSTITUTIO			ION-Name (If not either, give stre-			ber) If H	losp, or Inst, indica	te DOA, OP/Emer.	SEX		
	3b. Carson City			∞ Carson-Tahoe Hospita					'			y Room	4 Male		
DECEDENT	RACE-(e.g., \	White, Black, Americ	an Was							DER 1 YEAR	UNDER 1 D		RTH (Mo., Day, Yr.)		
	indian, etc) (Specily) specify 5. White 6.			as Decedent of Hispanic Origin? Specify Ci yet ecify Mexican, Cuban, Puerto Rican, etc. NO			Birthday (Yea		ars) MOS	S DAYS	HOURS M		ber 17, 1917		
	STATE OF BIRTH			CITIZEN OF WHAT COUNTRY Decedent's Edu			ucation. Sp	, , -		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED			SURVIVING SPOUSE (If wife, give maiden name)		
IF DEATH OCCURRED IN	(If not U.S.A., name country)			grade complet			d.		1 (Coocifu)			-\	N Name		
INSTITUTION SEE HANDEOCK	9a. Kansas SOCIAL SECURITY NUMBER			O		tind of Work Done During Most of			11. Married 12.I			12.LOIS N.	Lois N. Newton		
REGARDING COMPLETION OF	SOCIAL SECU				Working Life, Even if Retired)			031 01							
RESIDENCE ITEMS	13. ————————————————————————————————————			14a. Engineer					14b. Telephone Indi				IDE CITY LIMITS		
1.	RESIDENCE-	-STATE	COUNTY		l	CITY, TOWN, OI	4 LOCATIO	N	1	SINCELA		ourt (Spe	ecity Yes or No)		
 (15a. Nev		15b. Dot			15cCarsor					30 Berne		165		
DA'DENTO	FATHER-NAI	ME First		Middle		Last	MOT	HER-MAIDE	N NAME	First	-	Middle	Last		
PARENTS	_ 16. Wil	liam		J.	Chi	idester	17.	(Golder		G.		1cClung		
	INFORMANT-	NAME (Type or Prin	"			MAILING	ADDRESS		(Stree	et or R.F.D.	No., City or Town,	State, Zip)			
	18a. Loi	s Chidest	er			185.	3430 1	Bernese	e Cou	rt. C	arson Ci	ty, Nevac	ia 89705		
		MATION, REMOVAL		pecify)	CEMETERY	OR CREMATOR				LC	CATION	City or Town	State		
	19a. Cre	mation	•	1	19b. Sie	erra Cre	mato	rv	Name and Address	15	oc. R	eno	Nevada		
DISPOSITION	FUNERAL DIE	RECTOR-SIGNATUL	RE .		FUNERAL D	RECTOR NAM	E AND AD	DRESS OF FA	CILITY Wa	alton'	s Chape	l of the	Valley		
	(Or Person Ac 20a. >	ting as Soch)	1	-/	LICENSE NU							y, Nv. 89			
	____________	the best of my know	ledge, deal	h ochurepat ti			7	1 2	2a. On the	basis of exa	mination and/or inv	estigation, in my op	inion death occurred		
[e du	e to the cause(s) stat	led."	1) //	L. a	l las	1125	─ _} ,	at the ti Signature a		d place and due to	the cause(s) and m	anner stated.		
ì	HYSI (Si	ignature and Title) ATE SIGNED (Mo., D			OUR OF CEAT	TOWN	TANCO			ED (Mo., Da	y, Yr.)	HOUR OF DEATH			
	S P P	. (1.	α. Δ	1	_	"\		76. 10 -	22b.			22c.			
CERTIFIER	용출 21	01201	O Y	210		1603	76		100	CED DEAD (PRONOUNCED DE	AD (Hour)		
	To Table 1	AME OF A ILL ENDING	PHISICIA	N IF OTHER T	THAN CERTIFIER (Type or Pant)							, , , ,			
		d. AME AND ADDRESS				NO OFFICIAL	NEDICAL S	YAMINER OF	22d. ON	D) (Trop of		22e. AT	NUMBER		
	NA			All Property and the Control of the		The second second		7%	150						
·	23	a. R. D. M	Newbo.	ld MD,	P.O. 1	3ox 2168	3, Ca	rson C	ity,	Nv. 8	9702	23b. COMMUNICABLE DI	4878		
CONDITIONS	REGISTRAR	7/	1 0	10	_	The state of the s	10	7%	THAN (MO.	C C7			30,00		
IF ANY WHICH GAVE RISE TO IMMEDIATE	24a. (Signature	عام اعرب	N X	sekan	12 /2	THECK IN	sb. Cli	cq, 25	1, 17	8 7	24c. YES	ио ⊠	tween onset and death		
CAUSE	25. IMMEDIAT	E CAUSE (EN	TER ONLY	ONE CAUSE #	ER LINE FOF	(a), (b), AND (c)	.)	V	- 1	. "	Nage.	• Interval bei	tween onset and death		
STATING THE UNDERLYING CAUSE LAST	PART (a)			<u>silwana</u>	m a	ned	\	_\		<u> </u>	<u> </u>	<u> </u>	tween onset and death		
CAUSE LAST	١,	DUE TO, OR AS A	CONSEGU	ENCE OF:		٠, ٠ ١	- 7.1	. /			,	• Interval del	tween onset and death		
	<u>(b</u>		sour	- my	raral	ol my	grex	m							
	} _	DUE TO, OR AS A	CONSEQU	ENCE OF:		' '	I \	- 1				• Interval be	tween onset and death		
CALLET OF	(c)	1	\	\			,					:			
CAUSE OF DEATH		THER SIGNIFICANT	CONDITION	S-Conditions	contributing to	death but not resu	ulting in the	underlying cau	se given in F	Part I. At		pecity WAS CASE or No) CORONER (REFERRED TO (Specify Yes or No)		
27-3111	П	1	1	1			/	- /		26	No.	27. Y	Zes		
	ACC., SUICIE OR PENDING	DE. HOM., UNDET.,	DATE OF	NJURY (Mo., Da	y, Yr.) HOUF	OF INJURY	DESC	RIBE HOW IN	JURY OCC	URRED					
	(Specify) 28a.		28b.	V	28c.		M 28d.								
/	V TA YRULNI		PLACE O		nome, farm, stri	eet, factory, office	LOCA	TION.		T OR R.F.D). No. (NWOT RO YTIC	STATE		
-/	(Specity Yes 28e.	OF 140)	281.	The State of the S	ding, etc. (oper	-1.77	28g.	,	S	EA	L				
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REQUESTED BY

Dovid Fumphrey

IN OFFICIAL PECORES OF

DOUGLAS CHARLYADA

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SUZANNE BE GUBREAU RECORDER \$ 700 PAID BL DEPUTY

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