

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
COUNTY OF DOUGLAS ) ss.

Ann Yim of legal age, being first  
duly sworn, deposes and says:

THAT Fawn Yim, the decedent mentioned  
in the attached certified copy of Certificate of Death, is the same person  
as Fawn Yim named as one of the parties  
in that certain Joint Tenancy Deed dated July 19, 1963,  
executed by Nevada Engineering & Construction Co., Inc.  
to Fawn Yim and Ann Yim,  
as joint tenants, recorded as Instrument No. 23056  
on July 26, 1963, in book 18, page 555,  
of Official Records of Douglas County, Nevada,  
covering the following described property situated in the

Douglas County of Douglas State of Nevada :

*Lot 3 in Block A. as shown in the map  
of Southeast Addition to Town of Minden  
filed in the office of the County Recorder  
of Douglas County, Nevada on Nov. 27, 1961*

APN 25-232-03

THAT the said decedent, Fawn Yim is one of  
the joint tenant grantees in that certain said Joint Tenancy Deed  
and that all interest in and to said real property is vested absolutely in  
affiant, namely Ann Yim.

Dated November 13, 1989 Ann Yim  
Fawn Yim

SUBSCRIBED AND SWORN TO before me  
this 13th day of  
NOVEMBER 1989.

Signature Arlene Mae Lombardo

ARLENE MAE LOMBARDO  
Name (typed or printed)



NOTARY PUBLIC  
STATE OF NEVADA  
County of Douglas  
Arlene Mae Lombardo  
My Appointment Expires Oct. 8, 1993

# 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			STATE FILE NUMBER																	
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH														
DECEDENT	1. Fawn YIM			2. October 18, 1988			3a. Carson City														
	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)			If Hosp or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)											
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Carson City			3c. Carson-Tahoe Hospital			3d. Yes			3e. Emergency Room											
	RACE—(e.g. White, Black, American Indian, etc) (Specify)			ETHNIC			AGE—Last Birthday (Years)			UNDER 1 YEAR			UNDER 1 DAY			DATE OF BIRTH (Mo., Day, Yr.)			SEX		
PARENTS	4a. Chinese			4b.			5a. 68			5b. :			5c. :			6. March 7, 1920			7. Male		
	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)			WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)								
DISPOSITION	8. Nevada			9. U.S.A.			10. Married			11. Ann Chang			12. Yes								
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY														
CERTIFIER	13. ██████████-6359			14a. Bartender			14b. Gaming Industry														
	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)								
CAUSE OF DEATH	15a. Nevada			15b. Douglas			15c. Minden			15d. 1548 County Road			15e. yes								
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last																	
CAUSE OF DEATH	16. Earl Yim			17. Chain See																	
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)																	
CAUSE OF DEATH	18a. Ann Yim			18b. 1548 County Road, Minden, Nevada 89423																	
	BURIAL, CREMATION, REMOVAL OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State														
CAUSE OF DEATH	19a. Burial			19b. Garden Cemetery			19c. Gardnerville Nevada														
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			NAME AND ADDRESS OF FACILITY																	
CAUSE OF DEATH	20a. <i>Willie W. [Signature]</i>			20b. 1281 N. Roop St., Carson City, Nevada 89706																	
	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 on my own death occurred at the time, date and place and due to the cause(s) stated.																	
CAUSE OF DEATH	(Signature and Title) <i>[Signature]</i>			(Signature and Title) <i>[Signature]</i>																	
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH											
CAUSE OF DEATH	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21c.			22b. 10-20-88			22c. 0801 Hours											
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)			22d. ON 10-18-88			22e. AT 0801 Hours														
CAUSE OF DEATH	23. Assist. Sheriff Joe L. Curtis Jr., 901 E. Musser, Carson City, Nevada 89701																				
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE														
CAUSE OF DEATH	24a. <i>[Signature]</i>			24b. <i>October 7, 1988</i>			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>														
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																				
CAUSE OF DEATH	PART I (a) Cardiac Arrest																				
	DUE TO, OR AS A CONSEQUENCE OF:																				
CAUSE OF DEATH	(b)																				
	DUE TO, OR AS A CONSEQUENCE OF:																				
CAUSE OF DEATH	(c)																				
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)														
CAUSE OF DEATH	PART II			26. No			27. Yes														
	ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED											
CAUSE OF DEATH	28a.			28b.			28c. M			28d.											
	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								
CAUSE OF DEATH	28e.			28f.			28g.														

VITAL RECORDS

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

By: *William [Signature]*

Deputy Registrar

Date Issued: NOV 07 1988

N#80683

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

COPY

REQUESTED BY  
*Ann Yim*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'89 NOV 13 P3:16

SUZANNE BEAUDREAU  
RECORDER

\$ 7.00 PAID Bh DEPUTY

214628  
BOOK 1189 PAGE 1702