

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name

Street Address

City & State

Pauline L. Rea
3885 GRANITE COPY,
Wellington, NV
89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF CALIFORNIA *NEVADA*

County of *DOUGLAS* SS.

Pauline L. Rea, of legal age, being first duly sworn, deposes and says:
That *Charles W. Rea*, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as *Charles W. Rea* named as one of the parties in that certain *Joint Tenancy Deed* executed by *Jopay Development Group* to *Charles W. Rea & Pauline L. Rea, husband and wife* as joint tenants, recorded as Instrument No. *90430*, on *11-3-83* in book *1123*, page *426*, of Official Records of *Douglas County Nevada* County, California, covering the following described property situated in the *Douglas* County of *Nevada*

Lot 31, Block H, as shown on the map of Jopay Ranch Estates Unit #4, filed in the office of the County Recorder of Douglas County Nevada A.P. No 7-452-17-2
Pauline L. Rea

I declare under penalty of perjury, that the foregoing statement is true and correct.

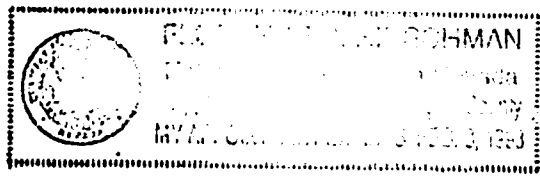
PAULINE L. REA
Print Name

Pauline L. Rea
Sign Name *PAULINE L. REA*

Dated *JANUARY 9 1990*

SUBSCRIBED AND SWORN TO before me this *9th* day of *JANUARY*, 19 *90*.

Signature *Carlene G. Hochman*
Notary Public



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Notary Seal

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								
	1. Charles W REA			2 December 22, 1989			3a. Carson City								
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, OPI/Emer. Rm. Inpatient (Specify)			SEX					
	3b. Carson City			3c. Carson-Tahoe Hospital			3e. Inpatient			4. Male					
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			AGE—Last Birthday (Years)			DATE OF BIRTH (Mo., Day, Yr.)					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White			6. X			7a. 79			8. September 19, 1910					
	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. Tennessee			9b. USA			10. 10			11. Married			12. Pauline Detrick		
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. ██████████-4908			14a. Salesman			14b. Auto Parts Industry								
	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)		
PARENTS	15a. Nevada			15b. Lyon			15c. Wellington			15d. 3885 Granite Way			15e. Yes		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
	16. Charles Rea			17. Pearl Sweeney											
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)											
	18a. Pauline Rea			18b. 3885 Granite Way, Wellington, Nv. 89444											
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State								
DISPOSITION	19a. Cremation			19b. Sierra Crematory			19c. Reno Nevada								
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY								
	20a. <i>with next of kin</i>			20b. 21			20c. 1281 N. Roop St., Carson City, Nv. 89706								
CERTIFIER	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) and manner stated.											
	21b. <i>Phillip Aldrich</i>			21c. 1300			22b. <i>12-26-89</i>			22c. <i>1300</i>					
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH					
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON			22e. AT								
	21d.			22d. ON			22e. AT								
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			LICENSE NUMBER											
CAUSE OF DEATH	23a. Phillip Aldrich MD, 412 W. John Street, Carson City, Nv. 89703			23b. 3334											
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
	24a. <i>Alga Larson</i>			24b. 12-26-89			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))														
	PART I (a) <i>Severe Congestive Heart Failure</i>									Interval between onset and death					
	(b) <i>Valvular Heart Disease</i>									Interval between onset and death					
CAUSE OF DEATH	PART II (c) <i>Renal Insufficiency</i>														
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)								
	26. No			27. No											
CAUSE OF DEATH	ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED					
	28a.			28b.			28c.			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.								

STATE REGISTRAR

No. 010881

SEAL

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

Date Issued: DEC 26 1989

By: *Alga Q. Larson*
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY

Suzanne Beaudreau

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'90 JAN -9 AIO :24

SUZANNE BEAUDREAU
RECORDER

\$ 1.00 PAID *LS*

DEPUTY
BOOK

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