AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
COUNTY OF DOUGLAS)
JOAN E. MOTZKUS and BETTY J. RICE of legal age, being first
duly sworn, deposes and says:
THAT PHYLLIS J. MILLS , the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
asPHYLLIS J. MILLS named as one of the parties
in that certain <u>deed</u> dated <u>March 7, 1977</u> ,
executed byJACK P. LEDYARD and GERALDINE P. LEDYARD .
to JOW E. MOTZKUS, asingle women, BETTY J. RICE, a single women and FAMILIS J. MILLS an unmenried
women as joint tenants, recorded as Instrument No. <u>8203</u>
on <u>April 5, 1977</u> , in book <u>477</u> , page <u>198</u> ,
of Official Records of <u>Douglas</u> County, <u>Nevada</u> ,
covering the following described property situated in the
unincorporated County of Douglas State of Nevada :
Lot 64, as shown on the plat of KINGSLANE UNIT NO. 3-A
Assessor's Parcel No. 25-374-25
THIS DOCUMENT IS RECORDED AS AN ACCOMMODATION ONLY
THIS DOCUMENT IS RECORDED AS AN ACCOMMODATE of sufficiency of and without liability for the consideration therefor, or as to the validity or sufficiency of and without liability for the consideration therefore, or as to the property involved, and instrument, or for the effect of such recording on the title of the property involved.
€ MC Macunians, or 19
THAT the said decedent, PHYLLIS J. MILLS is one of
the joint tenant grantees in that certain said deed
and that all interest in and to said real property is vested absolutely in
affiant, namely JOAN E. MOTZKUS and BETTY J. RICE
arriant, namery COM E. POIZNOS and BEITT J. RICE
Dated February 28, 1990 Joan E. Molikus
JOAN E. MOTZKUS
SUBSCRIBED AND SWORN TO before me
this 28th day of February, 1990 LAUPA E. MURBAY Notag Public - Nevada
Douglas County My Appointment Exputes how the first
Signature Laura Murray
Lance My miles
Name (typed or printed)
AFTER RECORDING MAIL TO: Joan E. Motzkus
P.O. Box 1569 Gardnerville, NV 89410

221422 300K 390 PAGE 703



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 N	MRER	•						STA	STATE FILE NUMBER	
TYPE OR PRINT		First	Middle		Last			(Month, Day, Year)		COUNTY O)F DEATH
IN PERMANENT	, Phy	llis	J.	i	MILLS		Octobe	r 31, 19		3a Dou	
BLACK INK	CITY, TOWN, OR LOCATION	N OF DEATH	HOSPITAL OR OT	HER INSTITUTION-	laine ill not eith	er, give stree	et and numberl	If Hosp or Inst. inc Rm. Inpatient (Spe	ticate DOA, Of city)	P/Emer	SEX
	зы. Gardnerv	i11e	∞ 1333	Kings Lan	е			30	,		 Female
DECEDENT	RACE-(e.g., White, Black	American Was	Decedent of Hispanic	Ongin? Specify 2 ve	Sixno If yes, I	AGE Last Birthday (Yea	UNDER 1	DAYS HOURS		E OF BIRTH	(Mo , Day, Yr)
	Indian, etc) (Specif	y) speci 6.	ty Mexican, Cuban, P	uerto Rican, etc.		7a. 62	7b.	7c.		Feb. 2	25, 1927
. 1	5. White		ITIZEN OF WHAT CO	UNTRY Decedent s	Education Spec		MARRIED NEVI	ER MARRIED.			f wife, give maiden name)
F CEATH OCCURPED IN	(If not U.S.A., name countr	γ, ,		1,3,00,11	eted		(Specify) D.	vorced	12		
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REGARDING COMPLETION OF		٧	Vorking Life, Even if I	ven il Retired)			14b Gaming				
RESIDENCE ITEMS	13. 57	4a. Keno	Keno Writer			1 00	ET AND NUMBER	INSIDE CITY LIMITS (Specify Yes of Not			
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PARENTS		_	· · · · · · · · · · · · · · · · · · ·	_				1	\ .	١.	1:
	16. Mar	cel		Barne	S '' G ACDRESS		He (Street or R	FD No. City or To-	wn, State, Zor		lixson
				18b P.O. Box 1775, Carson City, Nevada 89702							12
	Pre-Need		Torse	185. ETERY OR CREMATO		A 1//.	J, Carso	LICCATION	City or To		State
ſ	BURIAL, CREMATION, RE									1 No. 1	Nevada
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SIGI-COITION	FUNERAL DIRECTOR—S (Or Person Acting as Syd)	SNATURE									
į	20a. ▶ //	²⁴ /-1/2 /1	16/12/4 200		× cyema	cory,	r.u. ro	t examination and/or	Jarson	OLEY,	, NV 89702 in death occurred
1	21a. To the best of due to the care	ny knovdedaé, deat lets) stated.	n tree time time	dore and plage and	III		at the time, da	ite and place and du	e to the cause	is) and mann	er stated
	21a To the best of due to the cash of the		XON	Joken	11_/!	- Sing - Sing S	Signature and Title ATE SIGNED (Ma	oj 🗲	HOUR CF	CEATH	\longrightarrow
	DATE SIGNED	(Mo . Day. Yr)	70000	Pecath	YI	d.		. Day. III)		J.C.	
CERTIFIER	216 Nov.	1, 1989	21c.	1625	∇	_ 00 00 E		AD (Mo , Cay, Yr)	226	ICED DEAD	Hourt
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	NAME AND A	FIER (PHYSICIAN, A	M. ATTENDING PHYSICIAN. MEDICAL EXAMINER, OR C 236 W. 6th Street, Reno,				Movada 80501			235. #3821	
		Schiff,	M.D., 23	o w. oen	Street,	Keno	, Nevaus	7) DEATH DUE T			
CONDITIONS	REGISTRAR	1 1	1	The state of the s		D BT REGIS	י אנט , טואן האחו אי אין ר	c.			
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FIRST NEVADA TITLE COMPANY IN-OFFICIAL FECORDS OF DOUG! AS CO. NEVADA

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