

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Josephine L. Rector
Street Address 3791 Granite Way
City & State WELLINGTON, NEVADA-89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF ^{NEVADA} ~~CALIFORNIA~~

SS.

County of DOUGLAS

Josephine L. Rector....., of legal age, being first duly sworn, deposes and says:
That MARVIN C. Rector....., the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as MARVIN C. Rector.....
named as one of the parties in that certain Deed..... dated 1-26-77
executed by John Arden.....
to MARVIN C. & Josephine L. Rector.....
as joint tenants, recorded as Instrument No. 20730., on MAY 14 1978....., in
book 578., page 1228., of Official Records of DOUGLAS.....
County, ~~California~~, covering the following described property situated in the TOPAZ RANCH
ESTATES....., County of DOUGLAS..... State of ~~California~~ ^{NEVADA}:

Lot 13 Block J, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4,
filed for record in the office of the County Recorder of Douglas County,
State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as
Document No. 50212.

APN 37-433-13

Josephine L. Rector.....
Josephine L. Rector

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

.....
Josephine L. Rector
Print Name

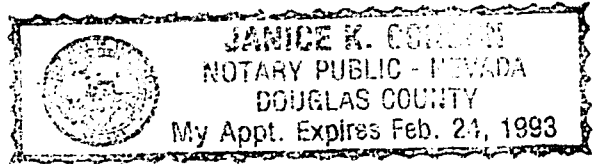
Josephine L. Rector.....
Sign Name

Dated..... September 19, 1990.....

SUBSCRIBED AND SWORN TO before me this

...19th... day of...September....., 19..90..

Signature.....
Notary Public



235151
(Notarial Seal)
BOOK 990 PAGE 3326

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of these forms in any specific transaction.

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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Marvin Chester RECTOR		2. May 2, 1990	3a. Douglas
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)
3b. Rural-Douglas		3c. 3791 Granite Way	3e. 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)
5. White		6.	7a. 68
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. New Mexico		9b. U.S.A.	10. 10
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 3610		14a. Slot Key Man	14b. Hotel/Casino
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Wellington
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John H. Rector		17. Sarah A. Riddle	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Josephine L. Rector		18b. 3791 Granite Way, Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. FitzHenry's Crematory	19c. Carson City Nevada
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. #36	20c. FitzHenry's Funeral Home and Crematory, P.O. Box 1775, Carson City, NV 89702
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.	
(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. May 3, 1990		22b. May 4, 1990	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1430		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. K. Skogerson, M.D., 1000 N. Division St., Carson City, NV 89703		23b. #5737	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>[Signature]</i>		24b. May 4, 1990	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) metastatic colon cancer		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II 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. yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
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
28e.	28f.	28g.	

STATE REGISTRAR

No. 014739

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

Date Issued: **MAY 4 1990**

By:

[Signature]
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Josephine Rector
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'90 SEP 24 A10 :55

SUZANNE BEAUDREAU
RECORDER

\$ 7⁰⁰ PAID BH DEPUTY

235151
BOOK **990** PAGE **3328**