

8-
STEWART TITLE OF DOUGLAS COUNTY

Escrow No. _____

When Recorded Mail To:

✓ Mrs. Audre E. Kerns

333 Artist View

Wellington, NV 89444

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF Nevada)

)

COUNTY OF Douglas)

Audre E. Kerns

_____, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of _____
Wilson Dale Kerns _____, and that the Affiant and the said _____
Wilson D. Kerns _____, deceased are the
Beneficiaries in Joint Tenancy under that certain Deed of Trust
dated the 8th day of September 1988, under the
terms of which Roger D. and Adrienne Flanders _____,
was Trustor, and Wilson D. and Audre E. Kerns _____
_____, husband and wife, as Joint Tenants as
Beneficiaries, upon the terms, covenants and provisions as set
forth therein, said Document recorded September 15, 1988, in
Book 988, at page 2173, being Document No. 186406,
Of the Official Records in Douglas County, State of
Nevada _____, affecting all that certain piece or parcel of
land, situate in the County of Douglas, State of
Nevada _____:

APN # 37-501-05

239301

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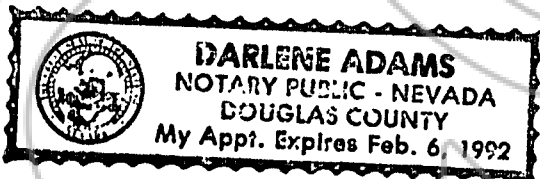
That the said Wilson D. Kerns,
the Beneficiary on the Deed of Trust, died on the 28th
day of November, 1989, in Douglas
County, State of Nevada, and is the identical
person named in the Certificate of Death as Exhibit "B" attached
hereto and incorporated herein by reference.

That all powers, right, title and interest in and to said Deed
of Trust on real property, hereinabove described, Beneficiary being
vested absolutely in affiant namely, Audre E. Kerns,
as of the date of decedent's death.

Audre E. Kerns
Audre E. Kerns

SUBSCRIBED and SWORN TO Before Me
this 19th day of November,
19 90

Darlene Adams



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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

89 007860

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			DATE OF DEATH (Month, Day, Year)			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			2 November 28, 1989			89 007860		
DECEDENT	1. <u>Wilson Dale KERNs</u>			3a. <u>Carson City</u>			3b. <u>Carson City</u>		
	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)		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. <u>Carson City</u>			3c. <u>Carson-Tahoe Hospital</u>			3e. <u>Emergency Room</u>		
	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)		
PARENTS	5. <u>White</u>			7a. <u>71</u>			7b. <u>71</u>		
	8. <u>May 31, 1918</u>			7c. <u>71</u>			7d. <u>71</u>		
FATHER—NAME First Middle Last	9a. <u>Missouri</u>			9b. <u>U.S.A.</u>			10. <u>12</u>		
	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.		
MOTHER—MAIDEN NAME First Middle Last	11. <u>Married</u>			12. <u>Audre E. Wilson</u>			13. <u>1009</u>		
	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)			SOCIAL SECURITY NUMBER		
DISPOSITION	14a. <u>Manager</u>			14b. <u>Aircraft Industry</u>			15a. <u>Nevada</u>		
	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY			RESIDENCE—STATE		
CERTIFIER	15b. <u>Lyon</u>			15c. <u>Wellington</u>			15d. <u>333 Artist View</u>		
	COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER		
CAUSE OF DEATH	16. <u>Samuel D. Kerns</u>			17. <u>Francis R. Rogers</u>			15e. <u>Yes</u>		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			INSIDE CITY LIMITS (Specify Yes or No)		
CAUSE OF DEATH	18a. <u>Audre Kerns</u>			18b. <u>333 Artist View, Wellington, Nv. 89444</u>					
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
CAUSE OF DEATH	19a. <u>Burial</u>			19b. <u>Walton's Carson Gardens</u>			19c. <u>Carson City Nevada</u>		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State		
CAUSE OF DEATH	20a. <u>Wellington</u>			20b. <u>21</u>			20c. <u>1281 N. Roop St., Carson City, nv. 89706</u>		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY		
CAUSE OF DEATH	21a. <u>Wellington</u>			21b. <u>21</u>			21c. <u>1281 N. Roop St., Carson City, nv. 89706</u>		
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			NAME AND ADDRESS OF FACILITY		
CAUSE OF DEATH	21b. <u>Wellington</u>			21c. <u>21</u>			21d. <u>1281 N. Roop St., Carson City, nv. 89706</u>		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			To be completed by Coroner's Office			To be completed by Coroner's Office		
CAUSE OF DEATH	21d. <u>Wellington</u>			21e. <u>21</u>			21f. <u>1281 N. Roop St., Carson City, nv. 89706</u>		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
CAUSE OF DEATH	23a. <u>Lt. Mike Efford, Chief Dep. Coroner 901 E. Musser, Carson City Nv.</u>			23b. <u>L-14</u>			24. <u>YES</u>		
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE		
CAUSE OF DEATH	24a. <u>Vickie Purcell</u>			24b. <u>12-01-89</u>			24c. <u>YES</u>		
	SIGNATURE			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			26. <u>YES</u>			27. <u>YES</u>		
	PART I (a) <u>Myocardial infarction with left ventricular rupture</u>			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)		
CAUSE OF DEATH	PART I (b) <u>Atherosclerotic Heart Disease</u>			26. <u>Yes</u>			27. <u>Yes</u>		
	DUE TO, OR AS A CONSEQUENCE OF:			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)		
CAUSE OF DEATH	PART II (c) <u>Ischemic bowel peritonitis</u>			26. <u>Yes</u>			27. <u>Yes</u>		
	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)		
CAUSE OF DEATH	28a. <u>Ischemic bowel peritonitis</u>			28b. <u>DATE OF INJURY (Mo., Day, Yr.)</u>			28c. <u>HOUR OF INJURY</u>		
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY		
CAUSE OF DEATH	28b. <u>DATE OF INJURY (Mo., Day, Yr.)</u>			28c. <u>HOUR OF INJURY</u>			28d. <u>DESCRIBE HOW INJURY OCCURRED</u>		
	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION		
CAUSE OF DEATH	28c. <u>HOUR OF INJURY</u>			28d. <u>DESCRIBE HOW INJURY OCCURRED</u>			28e. <u>STREET OR R.F.D. No.</u>		
	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			CITY OR TOWN		
CAUSE OF DEATH	28d. <u>DESCRIBE HOW INJURY OCCURRED</u>			28e. <u>STREET OR R.F.D. No.</u>			28f. <u>CITY OR TOWN</u>		
	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			STATE		
CAUSE OF DEATH	28e. <u>STREET OR R.F.D. No.</u>			28f. <u>CITY OR TOWN</u>			28g. <u>STATE</u>		
	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			STATE		

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STATE REGISTRAR

SEAL No. 010865

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

Date Issued: JAN 12 1990

Deputy Registrar

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

COPY

REQUESTED BY

Audre Kerns

2020 IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

90 NOV 19 P1:36

SUZANNE BLAUDREAU
RECORDER

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