

AFFIDAVIT - DEATH OF JOINT TENANT

206627MK

STATE OF NEVADA
COUNTY OF DOUGLAS

)
ss.
)

DOROTHY L. HUGHES of legal age, being first
duly sworn, deposes and says:

THAT ALVIN E. HUGHES, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as ALVIN E. HUGHES named as one of the parties
in that certain GRANT DEED dated SEPTEMBER 15, 1977,
executed by L. J. INDUSTRIES INC.

to DOROTHY L. HUGHES AND ALVIN E. HUGHES, HUSBAND AND WIFE, AS JOINT TENANTS
as joint tenants, recorded as Instrument No. 19626
on APRIL 14, 1978, in book 478, page 806,
of Official Records of DOUGLAS County, NEVADA,
covering the following described property situated in the UNINCORPORATED
County of DOUGLAS State of NEVADA :

LOT 16, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, FILED
IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF
NEVADA ON NOVEMBER 4, 1970, DOCUMENT NO. 50056, OFFICIAL RECORDS.

ASSESSOR'S PARCEL NO. 29-163-05

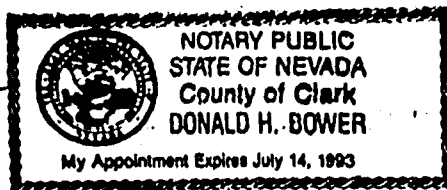
THAT the said decedent, ALVIN E. HUGHES is one of
the joint tenant grantees in that certain said GRANT DEED
and that all interest in and to said real property is vested absolutely in
affiant, namely DOROTHY L. HUGHES, A WIDOW.

Dated Jan 30, 1991

Dorothy L. Hughes
Dorothy L. Hughes

SUBSCRIBED AND SWORN TO before me
this 30th day of JAN 1991

Signature Donald H. Bower
DONALD H. BOWER
Name (typed or printed)



245349

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89106

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 8135

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last Alvin Everett HUGHES		DATE OF DEATH (Month, Day, Year) April 7, 1979	COUNTY OF DEATH Clark
CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Valley Hospital	If Hosp or Inst Indicate DOA OP/ Emer. Pm. Inpatient (Specify) Inpatient
RACE—(eg. White, Black, American Indian, etc.) (Specify) White	ETHNIC English	AGE—Last Birthday (Years) 65	SEX Male
STATE OF BIRTH (if not U.S.A., name country) Oklahoma	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	DATE OF BIRTH (Mo., Day, Yr.) Aug. 7, 1913
SOCIAL SECURITY NUMBER 3424	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Electronic Technician	SURVIVING SPOUSE (if wife, give maiden name) Dorothy L. Butler	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
RESIDENCE—STATE Nevada	CITY, TOWN, OR LOCATION Clark	STREET OR R.F.D. NUMBER 4988 So. Rappahanock	INSIDE CITY LIMITS (Specify Yes or No) No
FATHER—NAME First Middle Last Robert L. Hughes	MOTHER—MAIDEN NAME First Middle Last Inez Brown	INFORMANT—NAME (Type or Print) Dorothy L. Hughes (wife)	
Mailing Address (Street or R.F.D. No., City or Town, State, Zip) 4988 So. Rappahanock, Las Vegas, Nevada 89122		BIRTHDAY OF DEATH (Specify) Burial	
CEMETERY OR CREMATORY—NAME Paradise Memorial Garden		LOCATION City or Town State Las Vegas Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>David S. Bunker</i>		NAME AND ADDRESS OF FACILITY Bunker Mortuary 925 L.V. Blvd. No. Las Vegas, Nev. 89101	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>K. Hakimpour</i>		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) stated. (Signature and Title) <i>K. Hakimpour</i>	
DATE SIGNED (Mo., Day, Yr.) 4-9-79	HOUR OF DEATH 1:00 P.M.	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21c	22b PRONOUNCED DEAD (Mo., Day, Yr.)	22c PRONOUNCED DEAD (Hour)
21d NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) K. Hakimpour, M.D. 801 Shadow Ln. Las Vegas, Nv 89106			
REGISTRAR 24a (Signature) <i>Wanda Turpin, Deputy</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 9 1979		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Advanced Pulmonary Embolism DUE TO, OR AS A CONSEQUENCE OF: (b) Renal Failure, Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) irreversible state of shock			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No
ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. No. CITY OR TOWN STATE

Nº 009174

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

SEAL

Date Issued: **APR 10 1979**

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**NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT**

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

COPY

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

91 FEB 22 P3:39

SUZANNE BEAUDREAU
RECORDER
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BOOK **291** PAGE **2624** **245349**