

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name PEARL W. BATES
P.O. BOX 2227
Street Address GARDNERVILLE, NV. 89410
City & State
 APN # 27-541-01

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

NEVADA
STATE OF ~~CALIFORNIA~~

County of ... DOUGLAS ... ss.

I, PEARL W. BATES, of legal age, being first duly sworn, deposes and says:
That WILLIAM E. BATES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM E. BATES dated 10/14/1969 named as one of the parties in that certain GRANT DEED dated 10/14/1969 executed by JAMES D. OWEN of SILVER STATE TITLE CO. to WILLIAM E. BATES and PEARL W. BATES, his wife, as joint tenants, as joint tenants, recorded as Instrument No. 46025, on October 15, 1969, 4:25pm, in book 70, page 511, of Official Records of DOUGLAS County, ~~California~~ NEVADA, covering the following described property situated in the GDV Unit #4, County of Douglas, State of ~~California~~ Nevada

Lot 5, Block "H", as shown on the Official Plat of GARDNERVILLE RANCHOS, UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, as Document No. 35914.

APN # 27-541-01

Pearl W. Bates
PEARL W. BATES

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

PEARL W. BATES
Print Name

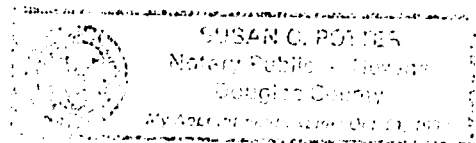
Pearl W. Bates
Sign Name

Dated SEP 06 1991

SUBSCRIBED AND SWORN TO before me this

6th day of September, 1991

Signature *Susan C. Porter*
Notary Public



259628

(Notarial Seal)
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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 CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK CEDED FATHER'S NAME MENTIONS SPOUSAL REGISTER USED IN DEATH	LOCAL FILE NUMBER DECEASED - NAME 1 William Edward BATES	MIDDLE LAST BATES	DATE OF DEATH (Month, Day, Year) October 4, 1984	STATE FILE NUMBER COUNTY OF DEATH 31 Douglas
	CITY, TOWN, OR LOCATION OF DEATH 3b Gardnerville		HOSPITAL OR OTHER INSTITUTION (Name if not within 400 feet street and number) 3c 839 Russell Way	
	RACE (White, Black, American Indian, etc.) (Specify) 4a White	ETHNICITY 4b English/Swedish	AGE - Last Birthday (Years, Months, Days) 5a 84	SEX 5b Male
	STATE OF BIRTH (If not U.S.A., name country) 6a Nebraska	COUNTRY OF WHAT COUNTRY 6b U.S.A.	MARRIED, NEVER MARRIED, DIVORCED, SEPARATED (Specify) 7a Married	DATE OF BIRTH (Month, Day, Year) 8a February 14, 1900
	SOCIAL SECURITY NUMBER 12 ████████-5272	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life Even if Retired) 14a Machinist (ret.)	MARRIAGE SPouse (at date of death) (Specify) 11 Pearl W. Rowe	WAS DECEASED EVER IN U.S. ARMED FORCES (Specify) 13 yes
	RESIDENCE - STATE 15a Nevada	COUNTY 15b Douglas	CITY, TOWN, OR LOCATION 15c Gardnerville	STREET AND NUMBER 15d 839 Russell Way
	FATHER - NAME (Type or Print) 16a Walter F. Bates	MOTHER - NAME (Type or Print) 16b Anna Johnson	MAILING ADDRESS (Specify if P.O. Box or Town, State, Zip) 17 P.O. Box 139, Gardnerville, Nevada 89410	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a Burial	CEMETERY, CREMATORIAL HOME, NAME AND ADDRESS OF FACILITY 18b Lone Mountain Cemetery P.O. Box 1775, Carson City, Nevada	LOCATION (City or Town, State, Zip) 18c Carson City, Nevada	
	SIGNATURE AND TITLE OF PERSON ACTING AS SUCH (Name and Address of Facility) 20a <i>Walter Fitzhenry</i> 20b Fitzhenry's Capital City Mortuary, Carson City, NV 89702		DATE SIGNED (Month, Day, Year) 20c <i>W. R. B...</i> DEPUTY CORONER DATE SIGNED (Month, Day, Year)	
	NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or Coroner) (Type or Print) 21a Mike Biaggini, Deputy Coroner, Douglas County Sheriff's Office, Minden, NV 89410		DATE OF DEATH (Month, Day, Year) 21b Oct. 4, 1984	
	NAME AND ADDRESS OF REGISTER (Type or Print) 22a <i>Jan S. ...</i> 22b October 5, 1984		TIME OF DEATH (Specify if A.M. or P.M.) 23 3:15 A.M.	
	IMMEDIATE CAUSE (Specify only one cause, primary, secondary, or tertiary) 24a Arteriosclerotic Heart Disease with Congestive Heart Failure		TIME OF DEATH (Specify if A.M. or P.M.) 24b 4:10 A.M.	
	OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death, if not reported elsewhere) 25		MANNER OF DEATH (Specify if Accidental, Homicide, Suicide, or Undetermined) 26 YES NO	
	PLACE OF INJURY (Home, Farm, School, Factory, Office, or Other (Specify)) 27a	PLACE OF INJURY (Home, Farm, School, Factory, Office, or Other (Specify)) 27b	BOOK 991 PAGE 551 259628 SEAL	

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

VITAL RECORDS

Date Issued:

By: *W. R. B...* No. 46128
Deputy Registrar

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

COPY

REQUESTED BY
Pearl W. Bates
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'91 SEP -6 AM 11:11

CLERK OF COURSE
RECORDER 259628
\$7⁰⁰ PAID KJ DEPUTY
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