

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

MARK ROBINSON and JANAY ROBINSON, being of legal age,
and being first duly sworn, deposes and says, that HELEN D. DELURY

the decedent mentioned in the attached certified copy of Certificate
of Death, is the same person as HELEN D. DELURY
named as one of the parties in that certain Grant, Bargain, Sale Deed
November 14, 1988
executed by H & S Construction, Inc.
to Mark John Robinson and Janay Dawn Robinson and Helen D. Delury
as joint tenants, recorded as Instrument No. 190748, on
November 16, 1988, in Book 1188, Page 2128,
of Official Records of Douglas County, State of
Nevada, covering the following described
property situated in the County of DOUGLAS, State of
Nevada, as follows:

Lot 525, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7,
filed for record in the office of the County Recorder of Douglas
County, Nevada, on March 27, 1974, as Document No. 72456.

APN 29-302-14

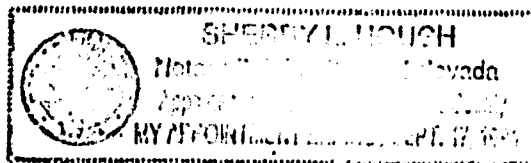
Dated this 13th day of March, 1992.

STATE OF)
)
COUNTY OF) ss.

Mark John Robinson
Janay Dawn Robinson
Mark John Robinson
Janay Dawn Robinson

On March 13, 1992, personally appeared
before me, a Notary Public,
Mark John Robinson and Janay Dawn Robinson

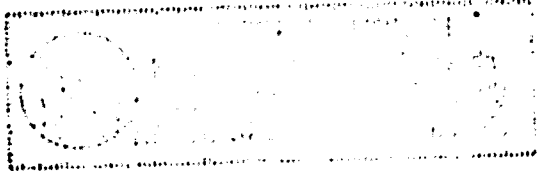
personally known or proved to me to be the
persons whose names are subscribed to the above
instrument who acknowledged that they executed
the same for the purposes therein stated.



Sherry L. Hough
Notary Public

Sherry L. Hough

WHEN RECORDED, MAIL TO:



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

When Recorded:
Mrs. Robinson
P. O. Box 62
Markleville, CA 96120

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Helen Dorothy DELURY			DATE OF DEATH (Month, Day, Year) 2. July 18, 1991		STATE FILE NUMBER		COUNTY OF DEATH 3a. Carson City		
	CITY, TOWN, OR LOCATION OF DEATH 3b. Carson City			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 2011 Lone Mountain Drive #43		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.		SEX 4. Female		
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 76		UNDER 1 YEAR 7b. MOS : DAYS		UNDER 1 DAY 7c. HOURS : MIN	
	DATE OF BIRTH (Mo., Day, Yr.) 8. July 14, 1915		STATE OF BIRTH (If not U.S.A., name country) 9a. Washington		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education. Specify highest grade completed. 10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Divorced	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED]-0658		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home		SURVIVING SPOUSE (If wife, give maiden name) 12.			
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Carson City		CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. Lone Mountain		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
PARENTS	FATHER—NAME First Middle Last 16. Algar L. Neill			MOTHER—MAIDEN NAME First Middle Last 17. Helen Rutchow			INFORMANT—NAME (Type or Print) 18a. Karen Robinson			
	MAILING ADDRESS 18b. P.O. Box 62, Markleville, California 96120			CITY OR TOWN State 19c. Reno Nevada						
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory			LOCATION 19c. Reno Nevada				
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Will with [Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <i>21</i>		NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley 1281 N. Roop Street, Carson City, Nevada 89706					
CERTIFIER	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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)				HOUR OF DEATH 21c.		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)			
	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				21c.		22b. <i>7-19-91</i> PRONOUNCED DEAD (Mo., Day, Yr.)		22c. 1810 PRONOUNCED DEAD (Hour)	
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Sgt. Ralph Shaffer Chief Dep. Coroner 901 E. Musser, Carson City				21c.		22d. ON 7-18-91		22e. AT 1810	
	23a. License Number 23b. S25				21c.		22d. ON 7-18-91			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 19, 1991		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									
CAUSE OF DEATH	PART I (a) Cardio Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death							
	(b) Severe Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death							
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Emphysema		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes						
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.				
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE		

273222

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STATE REGISTRAR

SEAL

No. 029161

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

Date Issued:

JUL 19 1991

Deputy Registrar



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

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'92 MAR 13 P2:13

SUZANNE MILLER BEAU **273222**
RECORDER

\$ 7.00 PAID K2 DEPUTY
BOOK **392** PAGE **2112**