

RECORDING REQUESTED BY
Western Title Co.

AND WHEN RECORDED MAIL TO

NAME Western Title Co.
STREET ADDRESS File M51981 TOS
CITY, STATE, ZIP

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF ~~CALIFORNIA~~ Nevada }
County of Douglas } ss.

Maureen Mack, of legal age, being first duly sworn, deposes and says:
That Byron A. Chambers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as B.A. Chambers named as one of the parties in that certain Joint Tenancy Deed dated 23rd Day of August 1943, executed by Grace S. Dangberg to B.A. Chambers, Florence I. Chambers and M.T. Chambers as joint tenants, recorded as Instrument No. 453, on August 30, 1943, in book W of Deeds 500, of ~~XXXX~~ Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of ~~CALIFORNIA~~ Nevada.

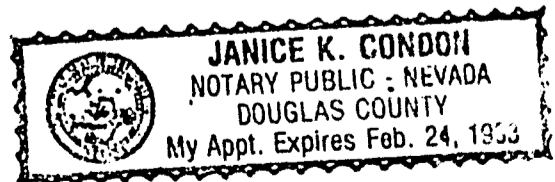
Lot 16, in Block B, West Addition to the Town of Minden, as per official Map on file in Douglas County, Nevada
APN- 25-190-49

Dated April 28, 1992

Maureen Mack
Maureen Mack

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 28th day of April, 1992

Janice K. Condon
Notary Public in and for said County and State



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(This area for official notarial seal)

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

VS-2-20M-1-56

BIRTH NO. _____

NEVADA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **57-2006**

393

CERTIFICATE OF DEATH

REGISTRAR'S NO. _____

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY Ormsby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE Nevada B. COUNTY Douglas	
B. CITY, TOWN, OR LOCATION Carson City	C. LENGTH OF STAY 3rd days	C. CITY, TOWN, OR LOCATION Minden	
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Carson-Tahoe Hospital		D. STREET ADDRESS None	
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (First) Byron (Middle) A. (Last) Chambers		4. DATE (Month) (Day) (Year) OF DEATH Nov. 10, 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1969
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNCE-24 443. Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher (ret)	10B. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Ogdensburg, New York	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas A. Chambers		14. MOTHER'S MAIDEN NAME Margaret Morgan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) none	16. SOCIAL SEC. NO. none	17. INFORMANT ADDRESS Florence I. Chambers Minden, Nevada	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cerebral Apoplexy			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B) _____ DUE TO (C) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20B. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20C. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m.			
20D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20E. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20F. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1-3-7 , to 11-10-57 , and last saw (him) (her) alive on 11-10-57 . Death occurred at 1:25 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22A. SIGNATURE <i>W. H. Hand</i> (Degree or title)		22B. ADDRESS Minden, Nevada	22C. DATE SIGNED 11-15-57
23A. BURIAL, CREMATION, REMOVAL (Specify) rem & burial	23B. DATE 11/12/57	23C. NAME OF CEMETERY OR CREMATORY Fredericksburg	23D. LOCATION (City, town, or county) (State) Fredericksburg, California
24. FUNERAL DIRECTOR Capital City Mortuary		EMBALMER'S LIC. NO. ADDRESS 64 Carson City Nevada	25. DATE REC'D. BY LOCAL REG. 11-19-57
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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

Date Issued:

PR 28 1997

Deputy Registrar

By:

[Signature]
SEAL



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

REQUESTED BY:
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF:
DOUGLAS CO., NEVADA

'92 APR 29 P12:40

SUZANNE BLAUDREAU

RECORDER

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PAID

DEPUTY

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