

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME
STREET ADDRESS
CITY, STATE, ZIP

Western Title Company
File M51981T0S

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 Myron Thomas Chambers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as M.T. Chambers named as one of the parties in that certain Joint Tenancy Deed dated August 23, 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 page 500, of Official Records of Douglas County, Nevada, covering the following described property situated in the Nevada 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

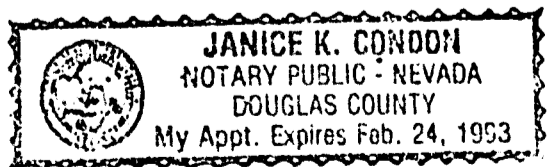
A.P.N. 25-190-49

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



277308
BOOK 492 PAGE 5707

(This area for official notarial seal)

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

VS 2 10M-2-55
BIRTH NO. _____

NEVADA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH

STATE FILE NO. 5-2394
REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY <u>Ormsby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Alpine</u>	
b. CITY (If outside corporate limits, write RURAL) <u>Carson City</u>		c. CITY (If outside corporate limits, write RURAL) <u>Fredericksburg</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Carson Tahoe Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myron</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Chambers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-55</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>11-16-1868</u>
9. AGE (In years last birthday) <u>87</u>		10. BIRTHPLACE (State or foreign country) <u>New York</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cattle Rancher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Beef</u>	
11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas A. Chambers</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Morgan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>George Chambers (Nephew)</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 18, 1953</u> , to <u>Dec 21, 1955</u> , that I last saw the deceased alive on <u>Dec 21, 1955</u> , and that death occurred at <u>10:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ernest H. Hand M.D.</u>		23b. ADDRESS <u>San Bernardino Med</u>	
23c. DATE SIGNED <u>12-24-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fredericksburg Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Fredericksburg, Calif</u>
DATE REC'D BY LOCAL REG. <u>27 Dec 55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR <u>Capital City Mortuary, Carson City, Nev.</u>		ADDRESS	

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

By: [Signature]
SEAL
Deputy Registrar

Date Issued: PR. 2.8.1997

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

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'92 APR 29 P12:41

SUZANNE BLAUDREAU
RECORDER **277308**
\$ 7.00 PAID K2 DEPUTY
BOOK **492** PAGE **5709**