

WHEN RECORDED MAIL TO:
 ✓ JONES · MARY K.
 6149 LAKAREN LANE
 RIVERSIDE, CA 92509

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
 County of DOUGLAS)

MARY K. JONES , of legal age, being first duly sworn,
 deposes and says:

That NORMAN O. JONES , the decedent mentioned in the
 attached certified copy of Certificate of Death, is the same person as
 NORMAN O. JONES , named as one of the parties in that certain
 INDIVIDUAL GRANT DEED dated May 23, 1990 , executed by
 JAMES H. CAIN AND MARGARET ANN CAIN

to

NORMAN O. JONES AND MARY K. JONES, HUBAND AND WIFE

as joint tenants, recorded as Instrument No. 226860, on May 25, 1990 ,
 in Book 590 , Page 4043, of Official Records of DOUGLAS , County, Nevada
 covering the following described property situate in the County of
 DOUGLAS , State of Nevada:

LOT 49, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, FILED FOR
 RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF
 NEVADA, ON MARCH 31, 1969, IN BOOK 1 OF MAPS, PAGE 221, AS DOCUMENT NO.
 44091.

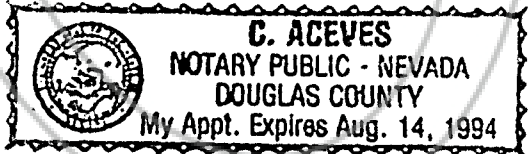
A.P.N. 37-313-02

Dated October 5, 1992

SUBSCRIBED AND SWORN TO before me,
 the undersigned Notary Public in
 and for said County and State, on
 October 5, 1992

Mary K. Jones

 MARY K. JONES



C. Aceves

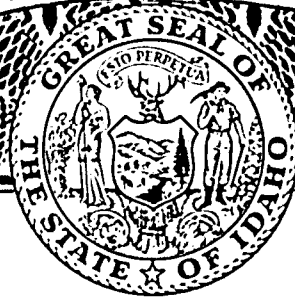
 Notary Public

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STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE



COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS

450 W. STATE ST.
BOISE, IDAHO 83720

CERTIFICATE OF DEATH

DATE FILED: DECEMBER 10, 1991

STATE FILE NUMBER: 91-06736

DECEDENT: NORMAN O. JONES

DATE OF DEATH: DEC. 03, 1991

PLACE OF DEATH: TWIN FALLS, IDAHO

DATE OF BIRTH: AUG. 11, 1921

PLACE OF BIRTH: NEW JERSEY

AGE: 70 YEARS SEX: MALE

VETERAN? YES

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN) : MARY K. SODERBLOM

SOCIAL SECURITY NUMBER: [REDACTED] 6549

RESIDENCE: TWIN FALLS, IDAHO

FATHER: MELVIN JONES

FATHER'S BIRTHPLACE: UNKNOWN

MOTHER (MAIDEN): ALBERTA BLOMBERG

MOTHER'S BIRTHPLACE: UNKNOWN

MORTUARY: WHITE MORTUARY, INC.

MORTICIAN: JERRY D. HOLMAN

TWIN FALLS, IDAHO
DISPOSITION: CREMATION

CERTIFYING CORONER: EYON GILES

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

ACUTE MYOCARDIAL INFARCTION

MINUTES

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

DATE ISSUED: DECEMBER 12, 1991

*This is to certify that this is a true and correct reproduction or abstract of the official record
filed with the Idaho Department of Health & Welfare, Boise, Idaho.*

Richard W. Blair

RICHARD W. BLAIR, State Registrar

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.
Section 39-273, Idaho Code

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HWH0139

DEPARTMENT OF HEALTH AND WELFARE

COPY

REQUESTED BY

MARY K JONES

IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'92 OCT 15 AIO :05

RIZANNI BEAUSREAU
RECORDER

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7⁰⁰ PAID ka DEPUTY

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