

ESROW NO: S60103LB

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada)
COUNTY OF Douglas) ss.

WILLIAM J. CALEBAUGH of legal age, being first
duly sworn, deposes and says:

THAT ALICE M. CALEBAUGH, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as ALICE M. CALEBAUGH named as one of the parties
in that certain DEED dated JULY 10, 1981,
executed by WILLIAM J. CALEBAUGH
to WILLIAM J. CALEBAUGH & ALICE M. CALEBAUGH
as joint tenants, recorded as Instrument No. 58030
on JULY 10, 1981, in book 781, page 652,
of Official Records of DOUGLAS County, NEVADA,
covering the following described property situated in the _____
County of DOUGLAS State of NEVADA :

Lot 41, as shown on the map of Kingsbury Vilalge, Unit no. 3, filed in the office of
the County Recorder of Douglas County, Nevada on September 7, 1966,
as Document no. 33786.

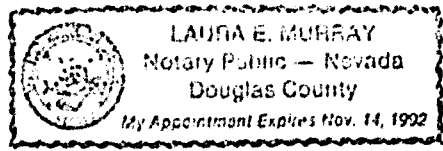
APN 11-183-07

THAT the said decedent, ALICE M. CALEBAUGH is one of
the joint tenant grantees in that certain said _____
and that all interest in and to said real property is vested absolutely in
affiant, namely WILLIAM J. CALEBAUGH

Dated Nov 5 92 William J. Calebaugh
WILLIAM J. CALEBAUGH

SUBSCRIBED AND SWORN TO before me
this 5th day of Nov 92

Signature Laura E. Murray
Name (typed or printed)



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 76 IMAGE 150

769

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER 769		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH		
			First Middle Last Alice Marie CALEBAUGH		2 April 13, 1992		3a. Washoe		
DECEDENT	1. CITY, TOWN, OR LOCATION OF DEATH 3b. Reno			2. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center			3. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room		
	4. SEX 4. Female		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 7a. 71		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE INFO	8. DATE OF BIRTH (Mo., Day, Yr.) 8. October 12, 1920		9. STATE OF BIRTH (If not U.S.A., name country) 9a. Oregon		10. CITIZEN OF WHAT COUNTRY 9b. U.S.A.		11. Decedent's Education. Specify highest grade completed. 10. 12		
	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed		13. SOCIAL SECURITY NUMBER 13. 7640		14. USUAL OCCUPATION (Show Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner		15. KIND OF BUSINESS OR INDUSTRY 14b. Bail Bonds		
PARENTS	16. FATHER—NAME First Middle Last 16. Conrad Barney		17. MOTHER—MAIDEN NAME First Middle Last 17. Jessie		18a. INFORMANT—NAME (Type or Print) 18a. William J. Calebaugh		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P. O. Box 6996, Stateline, Nevada 89449		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal/Burial		19b. CEMETERY OR CREMATORY—NAME 19b. East Lawn Sierra Hills Memorial Park		19c. LOCATION City or Town State 19c. Sacramento, California				
DISPOSITION	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person at P-2h) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 20b. 1		20c. NAME AND ADDRESS OF FACILITY 20c. Ross, Burke and Knobel Mortuary, 2155 Kietzke Lane, Reno, Nevada 89502				
	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.)		21b. HOUR OF DEATH 21c. 1459		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.) 22b. April 22, 1992		22c. HOUR OF DEATH 22c. 1459		
CERTIFIER	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. April 13, 1992		22e. PRONOUNCED DEAD (Hour) 22e. 1459		
	21f. LICENSE NUMBER 23b. WCC S. 35		24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 23, 1992		24c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I (a) Bilateral rib fractures with pulmonary insufficiency		Interval between onset and death		26. AUTOPSY (Specify Yes or No) 26. Yes		
			PART I (b) Blunt force automobile trauma		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
		PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident		28b. DATE OF INJURY (Mo., Day, Yr.) 28b. Apr. 13, 1992		28c. HOUR OF INJURY 28c. 1321	
		28d. INJURY AT WORK (Specify Yes or No) 28d. No		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28e. Highway		28f. DESCRIBE HOW INJURY OCCURRED 28f. Driver of automobile in collision with automobile		28g. LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE 28g. State route 88 near Centerville, Rural Douglas County, Nevada	

No. 036538

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STATE REGISTRAR

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

THIS CERTIFIED COPY WILL BE
 DELETED FROM THE ORIGINAL RECORDS
 RECORDS OF THE PRESERVE
 ASSISTANT COUNTY CLERK
 HENRY W. SHERROD, COUNTY, NEVADA

No. _____
 ON: APR 24 1992
 STRAWHAT STATION
 Deputy Recorder

THIS COPY IS REPRODUCED
 PHOTOGRAPHICALLY FROM
 MICROFILM RECORDS AND
 MAY IN TIME CHANGE IN
 COLOR OR APPEARANCE

[Signature]
 Deputy Recorder

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

92 NOV -9 P4:07

292781
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SUZANNE BEAUDREAU
 RECORDER
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