

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Western Title Company
STREET ADDRESS (for File)
CITY, STATE, ZIP Accom. M51878CHG

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of Douglas

} ss.

C.E. SWIFT

That Dorothy Jean Swift, of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy J. Swift named as one of the parties in that certain Deed of Trust dated March 22, 1977 executed by Gene E. Hammerlun and Janis L. Hammerlun, His Wife to C.E. SWIFT AND DOROTHY J. SWIFT, HUSBAND AND WIFE AS JOINT TENANTS as joint tenants, recorded as Instrument No. 08077 book 377, page 1710, of Official Records of Douglas County, Nevada, on in County, Nevada covering the following described property situated in the Unincorporated County of Douglas, State of Nevada

Lot 42, as shwon on the Official Map of Fish Springs Estates, filed in the office of the County Recorder on August 30, 1973, Document No. 68451, Official Records of Douglas County, State of Nevada.

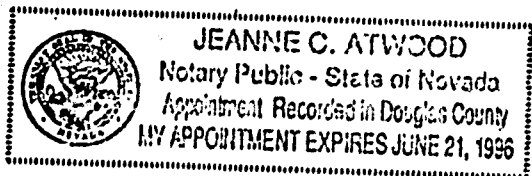
C. E. Swift

Dated ..January 21, 1993.....

C.E. SWIFT

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 21st day of January, 1993

Jeanne C. Atwood
Notary Public in and for said County and State



298559

(This area for official notarial seal)

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 73 IMAGE 886

1290

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	1290			
DECEDENT	1. DECEASED—NAME First Middle Last Dorothy Jean SWIFT		2. DATE OF DEATH (Month, Day, Year) July 8, 1991	
	3. CITY, TOWN, OR LOCATION OF DEATH Reno		4. COUNTY OF DEATH Washoe	
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. SEX Female	
	7. Was Decedent of Hispanic Origin? Specify C yes or N no. If yes, specify Mexican, Cuban, Puerto Rican, etc. X		8. AGE—Last Birthday (Years) 65	
FATHER'S DEATH OCCURRED IN INSTITUTION SEE PAGEBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9. STATE OF BIRTH (If not U.S.A., name country) North Dakota		10. CITIZEN OF WHAT COUNTRY U.S.A.	
	11. Decedent's Education. Specify highest grade completed. 14		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
	13. SOCIAL SECURITY NUMBER 3147		14. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker	
	15. RESIDENCE—STATE Nevada		16. KIND OF BUSINESS OR INDUSTRY Own Home	
PARENTS	17. FATHER—NAME First Middle Last Byrd Lynn		18. MOTHER—MAIDEN NAME First Middle Last Ethel	
	19. INFORMANT—NAME (Type or Print) Mark Handelsman		20. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3505 San Mateo Ave., Reno, Nevada 89509	
DISPOSITION	21. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		22. CEMETERY OR CREMATORY—NAME Mountain View Crematory	
	23. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		24. NAME AND ADDRESS OF FACILITY Ross, Burke & Knobel, 2155 Kietzke Lane, Reno, Nevada 89502	
CERTIFIER	25. 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.) 7-8-91		26. 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.)	
	27. HOUR OF DEATH 0035		28. PRONOUNCED DEAD (Mo., Day, Yr.)	
	29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Paul H. Sparks		30. PRONOUNCED DEAD (How?) ON	
	31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Paul H. Sparks, D. O., 2385 E. Prater Way, NV. 89434		32. LICENSE NUMBER 367	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	33. REGISTRAR (Signature) <i>[Signature]</i> Dep		34. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 8, 1991	
	35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cancer - METASTATIC DUE TO, OR AS A CONSEQUENCE OF: (b) SEPSIS DUE TO, OR AS A CONSEQUENCE OF: (c)		36. DEATH DUE TO COMMUNICABLE DISEASE NO	
	37. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		38. AUTOPSY (Specify Yes or No) NO	
	39. ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify) NO		40. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
CAUSE OF DEATH	41. DATE OF INJURY (Mo., Day, Yr.)		42. HOUR OF INJURY	
	43. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		44. DESCRIBE HOW INJURY OCCURRED	
45. INJURY AT WORK (Specify Yes or No)		46. LOCATION, STREET OR R.F.D. NO., CITY OR TOWN, STATE		

STATE REGISTRAR

No. 025545

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

298559

BOOK 293 PAGE 081

COPY

Candice Ham

THIS COPY IS VALID FOR
RECORDING IN CALIFORNIA
AND OTHER JURISDICTIONS
UNLESS THERE IS CHANGE IN
CLOSING OR FEE AMOUNT.

FEB 17 1992

SEAD

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

93 FEB -1 M1:54

SUZANNE BEAUDREAU
RECORDER

\$ *700* PAID *20* DEPUTY **298559**
BOOK **293** PAGE **085**