

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA )  
 ) ss.  
County of DOUGLAS )

SHERIDAN R. EDWARDS , of legal age, being first duly sworn,  
deposes and says:  
That OLGA IRENE EDWARDS , the decedent mentioned in the  
attached certified copy of Certificate of Death, is the same person as  
OLGA I. EDWARDS , named as one of the parties in that certain  
Grant, Bargain, Sale Deed dated July 21, 1987 , executed by GERALD T. BOYLAN  
AND NORVA S. BOYLAN

SHERIDAN R. EDWARDS AND OLGA I. EDWARDS, Husband and Wife to

as joint tenants, recorded as Instrument No. 159441 , on July 31, 1987 ,  
in Book 787 , Page 4963 , of Official Records of DOUGLAS , County, Nevada  
covering the following described property situate in the County of  
DOUGLAS , State of Nevada:

All that certain lot, piece or parcel of land situate in the County of  
Douglas, State of Nevada, described as follows:

Lot 36, in Block K, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4,  
filed for record in the office of the County Recorder of Douglas County,  
State of Nevada, on November 16, 1970, in Book 1 Of Maps, Page 224, as  
Document No. 50212.

A.P.N. 37-404-03 TOGETHER WITH a 1987 CHAMPION MOBILE HOME ID#SD135-N,  
SITUATED THEREON

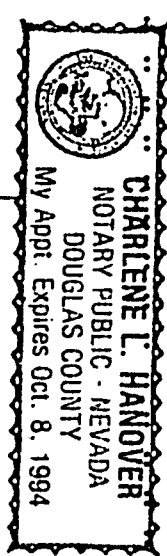
Dated January 28, 1993 ..

*Sheridan R. Edwards*  
SHERIDAN R. EDWARDS

SUBSCRIBED AND SWORN TO before me,  
the undersigned Notary Public in  
and for said County and State, on  
January 29, 1993

.....  
: FOR RECORDER'S USE  
:

*Charlene L. Hanover*  
Notary Public



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

	LOCAL FILE NUMBER	STATE FILE NUMBER
DECEDENT	1. DECEASED—NAME First Middle Last <b>Olga Irene EDWARDS</b>	2. DATE OF DEATH (Month, Day, Year) <b>March 5, 1990</b>
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Rural-Douglas</b>	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Cottonwood Care Center</b>
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.
	7a. AGE—Last Birthday (Years) <b>75</b>	7b. UNDER 1 YEAR MOS : DAYS <b>59</b>
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Michigan</b>	9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
	10. Decedent's Education. Specify highest grade completed.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
	13. SOCIAL SECURITY NUMBER <b>7175</b>	14. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>
	15a. RESIDENCE—STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>
DISPOSITION	16. FATHER—NAME First Middle Last <b>Orland Dunn</b>	17. MOTHER—MAIDEN NAME First Middle Last <b>Marie Roth</b>
	18a. INFORMANT—NAME (Type or Print) <b>Sheridan R. Edwards</b>	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3655 Granite Way, Wellington, Nevada 89444</b>
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Nancy Fitz Henry</i>	20b. FUNERAL DIRECTOR LICENSE NUMBER <b>#36</b>
CERTIFIER	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>B.W. Armstrong</i>	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>B.W. Armstrong</i>
	21b. DATE SIGNED (Mo., Day, Yr.) <b>March 5, 1990</b>	21c. HOUR OF DEATH <b>0815</b>
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22b. DATE SIGNED (Mo., Day, Yr.)
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>B.W. Armstrong, M.D., 3467 Gregory Street, Carson City, NV89705</b>	23b. LICENSE NUMBER <b>#4364</b>
CAUSE OF DEATH	24a. REGISTRAR (Signature) <i>Jane A. Rose</i>	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 6, 1990</b>
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
	PART I (a) <b>Cardiorespiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death <b>2 Weeks</b>
	(b) <b>Carcinoma, Paranasal Sinuses, with Metastases</b> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death <b>4 Years</b>
PART II <b>Cerebrovascular Accidents, Multiple</b>	26. AUTOPSY (Specify Yes or No) <b>no</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>yes</b>
28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28g. DESCRIBE HOW INJURY OCCURRED

STATE REGISTRAR

No. 014589

By: *Jane A. Rose*  
Deputy Registrar

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

Date Issued: **MAR 06 1990**

**SEAL**

Deputy Registrar

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

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

'93 FEB 26 AM 10:06

SUZANNE BLANCHARD  
603 RECORDED **300523**  
\$ 6.00 PAID KZ DEPUTY  
BOOK **293** PAGE **4446**