

✓ FINLEY & NONEMAN  
317 S. ARLINGTON  
RENO NV 89501

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA        )  
                                  ): SS.  
COUNTY OF ELKO        )

MARY J. ERVIN, under penalty of perjury, and pursuant to N.R.S. 111.365, swears:

1. That she is the surviving widow of WALTER F. ERVIN, deceased.

2. That MARY J. ERVIN and WALTER F. ERVIN hold as Joint Tenants with right of survivorship, the property located in Douglas County, State of Nevada, known as:

The North 1/2 of the Northwest 1/4 of the Northwest 1/4 of the Northeast 1/4, in Section 19, Township 12 North, Range 22, East, M.D.B. & M., according to the United States Government survey thereof.  
APN 35-190-01

3. That said joint tenancy was created by deed which was record on April 25, 1975, as Document No. 79650, Book 475, Page 839 of the Official Records of the Recorder of the County of Douglas, State of Nevada.

4. That WALTER F. ERVIN died on May 7, 1992, at, Reno, Washoe County, Nevada.

DATED this 12 day of March, 1993.

Mary J. Ervin  
Mary J. Ervin

Subscribed and Sworn to before me this 12th day of March, 1993.

Laurie O. Jewell  
NOTARY PUBLIC



# 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 315

925

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DEATH OCCURRED IN PRESENCE OF PHYSICIAN OR OTHER COMPETENT PERSONS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Walter Frederick ERVIN, JR.			DATE OF DEATH (Month, Day, Year) 2. Fd. May 7, 1992		COUNTY OF DEATH 3a. Washoe
CITY, TOWN, OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3c. 1920 Harvard Way, #102		SEX 4. Male
FACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X		AGE—Last Birthday (Years) 7a. 74	DATE OF BIRTH (Mo., Day, Yr.) 8. March 21, 1918
STATE OF BIRTH (if not U.S.A., name country) 9a. Texas		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	
SOCIAL SECURITY NUMBER 13. ██████████ 7679		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. Disabled		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Washoe	CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. 1920 Harvard Way
FATHER—NAME First Middle Last 16. Walter F. Ervin, Sr.		MOTHER—MAIDEN NAME First Middle Last 17. Lillian Jones			
INFORMANT—NAME (Type or Print) 18a. Mary Jane Ervin			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 325 Fir Street, Elko, Nevada 89801		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Northern Nevada Veterans Memorial Cemetery		LOCATION City or Town State 19c. Fernley, Nevada	
FUNERAL DIRECTOR'S SIGNATURE (Or Print Name) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 1		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. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. To be completed by Certifying Physician			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. May 12, 1992 HOUR OF DEATH 22c. 0851 Found PRONOUNCED DEAD (Mo., Day, Yr.) 22d. May 7, 1992 PRONOUNCED DEAD (Hour) 22e. AT 0858 To be completed by Coroner's Office		
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					LICENSE NUMBER 23b. WCC S. 35
REGISTRAR 24a. <i>[Signature]</i> Dep		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 13, 1992		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. II Chronic obstructive pulmonary disease; schizophrenia				AUTOPSY (Specify Yes or No) 26. No	
ACC., SUICIDE, MOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

No. 036553

302969

BOOK 393 PAGE 5121

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

REQUESTED BY  
*Finley + Nadelman*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'93 MAR 26 A10:41

SUZANNE BLAUDREAU  
RECORDER  
\$ 7.00 PAID KQ DEPUTY  
BOOK 393 PAGE 5122