

WHEN RECORDED MAIL TO:
MARTIN D. MACK
P.O. BOX 1709
Gardnerville, NV 89410

Escrow No. judy

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
County of DOUGLAS)

MARTIN D. MACK , of legal age, being first duly sworn, deposes and says:

That MAURLAINE GRACE MACK , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MAURLAINE FOX-MACK , named as one of the parties in that certain JOINT TENANCY DEED dated July 12, 1984 , executed by LAUVELLA M. BANNER, EXECUTRIX OF ESTATE OF JOSEPH T. BANNER, AND FRANK C. BOSLER AND MARY BOSLER to MARTIN D. MACK AND MAURLAINE FOX-MACK, husband and wife

as joint tenants, recorded as Instrument No. 104275, on July 27, 1984 , in Book 784 , Page 2711, 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 W 1/2 of the E 1/2 of Section 19, Township 9 North, Range 23 East, M.D.B.&M., more particularly described as follows: Parcel 29, as shown on Division of Land Map for the Estate of Joseph T. Banner and Frank C. Bosler, filed in the Office of the County Recorder of Douglas County, Nevada, on January 18, 1984, as file No. 94344.

APN 29-040-29

Dated June 4, 1993
MARTIN D. MACK

SUBSCRIBED AND SWORN TO before me, the undersigned Notary Public in and for said County and State, on
JUNE 7, 1993

MARTIN D. MACK
 JUDY A. COCLICH
Notary Public - State of Nevada
Appointment Recorded in Carson City
MY APPOINTMENT EXPIRES OCT. 3, 1995

Notary Public

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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 63 IMAGE 571

995

STATE FILE NUMBER

	LOCAL FILE NUMBER	995			DATE OF DEATH (Month, Day, Year)	June 14, 1987		COUNTY OF DEATH	Washoe	
DECEASED	1. DECEASED—NAME First Middle Last		Mauraine Grace MACK		2. DATE OF BIRTH (Mo., Day, Yr.)		June 14, 1939			
	3. CITY, TOWN, OR LOCATION OF DEATH		4. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		5. INSIDE CITY LIMITS (Specify Yes or No)		6. Place or first medical DOA, OP, Emer (Specify)			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	7. RACE—(e.g. White, Black, American Indian, etc.) (Specify)		8. ETHNIC		9. AGE—Last Birthday (Years)		10. UNDER 1 YEAR MOS : DAYS		11. UNDER 1 DAY HOURS : MINS	
	12. STATE OF BIRTH (If not U.S.A., name country)		13. CITIZEN OF WHAT COUNTRY		14. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)		15. SURVIVING SPOUSE (If wife, give maiden name)		16. THIS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
PARENTS	17. SOCIAL SECURITY NUMBER		18. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		19. KIND OF BUSINESS OR INDUSTRY					
	20. RESIDENCE—STATE		21. COUNTY		22. CITY, TOWN, OR LOCATION		23. STREET AND NUMBER		24. INSIDE CITY LIMITS (Specify Yes or No)	
DISPOSITION	25. FATHER—NAME First Middle Last		26. MOTHER—MAIDEN NAME First Middle Last		27. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		28. CEMETERY OR CREMATORY—NAME			
	29. INFORMANT—NAME (Type or Print)		30. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		31. FURNAL DIRECTOR—Name (Type or Print)		32. NAME AND ADDRESS OF FACILITY			
CERTIFIER	33. DATE SIGNED (Mo., Day, Yr.)		34. HOUR OF DEATH		35. DATE SIGNED (Mo., Day, Yr.)		36. HOUR OF DEATH			
	37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		38. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		39. PRONOUNCED DEAD (Mo., Day, Yr.)		40. PRONOUNCED DEAD (Hour)			
CAUSE OF DEATH	41. REGISTRAR		42. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		43. DEATH DUE TO COMMUNICABLE DISEASE					
	44. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		45. PART I (a) DUE TO, OR AS A CONSEQUENCE OF		46. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		47. AUTOBY (Specify Yes or No)		48. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
49. ACC. SUCCIDE FROM UNDEY, OR PENDING INVEST (Specify)		50. DATE OF INJURY (Mo., Day, Yr.)		51. HOUR OF INJURY		52. DESCRIBE HOW INJURY OCCURRED				
53. INJURY AT WORK (Specify Yes or No)		54. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		55. LOCATION		56. STREET OR R.F.D. No.		57. CITY OR TOWN		58. STATE

N#68781

VITAL RECORDS

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

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PROXY

NO 063231

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, 1100 WASHOE COUNTY, NEVADA

ON JUN 19 1987

REGISTRAR/VITAL STATISTICS
Walter J. [Signature]
BY *[Signature]*

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

RECEIVED

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

93 JUN -8 12:02

SUZANNE BEAUDREAU
RECORDER

78 PAILED *[Signature]* DEPUTY

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