WHEN RECORDED MAIL TO:
James M. Travis
2790 Calvin Avenue #13469
Irvine, CA 92714

Escrow No. S60517LB

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
County of DOUGLAS)

JAMES M. TRAVIS , of legal age, being first duly sworn, deposes and says:
That JAMES DAVID TRAVIS & BORGIA COPPINS TRAVIS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as , named as one of the parties in that certain GRANT DEED dated January 16, 1992 , executed by JAMES DAVID TRAVIS AND BORGIA COPPINS TRAVIS to JAMES D. TRAVIS AND BORGIA COPPINS TRAVIS, HUSBAND AND WIFE AND JAMES M. TRAVIS ALL AS JOINT TENANTS as joint tenants, recorded as Instrument No. 271597, on February 24, 1992, in Book 292 , Page 3629, 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:

Lots 30 and 31, as shown on the map of PONDEROSA PARK SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 25, 1970, as Document No. 47249.

A.P.N. 07-161-11
07-161-12

*** and Instrument No. 271598, on February 24, 1992, in Book 292 Page 3631, Douglas County,NV

Dated

James M. Travis
JAMES M. TRAVIS

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

Laurel J. Desselle
Notary Public

LAUREL J. DESSELLE
Comm. # 969537
NOTARY PUBLIC - CALIFORNIA
Orange County
My Comm. Expires Jul. 24, 1996

FOR RECORDER'S USE

312483
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adjt

CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

Curtiss Weidmer — Deputy Registrar

Registrar of Vital Statistics — JUN 28 1993

El Dorado County, California — Date

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

3-92-09-000677

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX
JAMES	DAVID	TRAVIS	November 25, 1992	2215	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
White	☐ YES _____ ☒ NO	NOVEMBER 6,1904	88		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
MI	U.S.A.	Unknown Travis	UNK	Unknown Unknown	UNK

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 21 TO 19 21 ☐ NONE	[redacted]9389	Married	Borgia Coppins Doyle

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Technical Representative	Aircraft	PRATT-WHITNEY	25	10

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
Ponderosa Dr.,Sp.#30	Stateline	89449

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Douglas	30	Nevada	James M.Travis - Son 2790 Kelvin #1349 Irvine,CA 92714

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Barton Memorial Hospital	IP	El Dorado

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
4th. and South Ave.	South Lake Tahoe		☐ YES _____ ☒ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Adult Respiratory Distress Syndrome ▶	15 Days
DUE TO	(B) Sepsis E. Coli ▶	18 Days
DUE TO	(C) Urinary Tract Infection ▶	4 Weeks

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: BPH COPD Thrombocytopenia DIC

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER ▶ [signature]

27C. CERTIFIER'S LICENSE NUMBER: G-19546

27D. DATE SIGNED: 28 Nov 92

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
11-6-92	11-21-92	Gary H. Cooper,MD, P.O.Box 19392,So.Lake Tahoe, CA, 96151

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶

28B. DATE SIGNED

29. MANNER OF DEATH—(SPECIFY SEE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED)	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
TR/BU	Eastside Memorial Park, Minden,Nevada	12-2-92	[signature]	6466

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
McFarlane Mortuary	FD-1180	▶ Curtiss E Weidmer MD 461957	11-30-92,M.Mc.

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

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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

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT

1. DECEASED—NAME First	Middle	Last	2. DATE OF DEATH (Month, Day, Year)	3a. COUNTY OF DEATH
Borgia	Coppins	TRAVIS	February 4, 1993	Douglas

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	4. SEX
Gardnerville	Cottonwood Care Center	Inpatient	Female

5. RACE—(e.g., White, Black, American Indian, etc) (Specify)	6. Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years)	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.)
White			:	:	January 14, 1900

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. Decedent's Education. Specify highest grade completed.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Missouri	U.S.A.	12	Widowed	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	14b. KIND OF BUSINESS OR INDUSTRY
[redacted]0191	Retired Hospital Records Clerk	Medical Industry

15a. RESIDENCE—STATE	15b. COUNTY	15c. CITY, TOWN, OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Douglas	Stateline	Ponderosa Drive Space # 30	Yes

PARENTS

16. FATHER—NAME First	Middle	Last	17. MOTHER—MAIDEN NAME First	Middle	Last

18a. INFORMANT—NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
James M. Travis	2790 Kelvin #1349, Irvine, California 92714

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY—NAME	19c. LOCATION City or Town State
Burial	Eastside Memorial Park	Gardnerville, Nevada

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
Willie Walton	21	Walton's Chapel Of the Valley 1281 N. Roop st., Carson City, Nevada 89706

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

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) ➤

21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH
2/17/93	1635

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office

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) ➤

22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON	22e. PRONOUNCED DEAD (Hour) AT

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)
David S. Hoskins MD. 1532 Hwy. 395 Gardnerville, Nv. 89410

23b. LICENSE NUMBER: 4628

24a. REGISTRAR (Signature) ➤	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	24c. DEATH DUE TO COMMUNICABLE DISEASE
JoAnn Wilson, Deputy	Feb. 17, 1993	YES ☐ NO ☒

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

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Acute Respiratory Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Massive CVS — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) ASVD — 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.
CHF

25. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE

No. 049681

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

STATE REGISTRAR By: Lyonne Sylva

Date Issued: FEB 17 1993

SEAL

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'93 JUL 15 P12:14

SUZANNE BEAUDREAU
RECORDER

$8.00 PAID DEPUTY

312483

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