

8

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name: JOSEPHINE D. WRIGHT
Street Address: 1507 Mill Creek Way
City & State: Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name: JOSEPHINE D. WRIGHT
Street Address: 1507 Mill Creek Way
City & State: Gardnerville, NV 89410

Affidavit - Death of Joint Tenant

AT 873 IA

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

STATE OF CALIFORNIA,

COUNTY OF SANTA CLARA } ss.

Josephine D. Wright, of legal age, being first duly sworn, deposes and says:

That CLARENCE JASPER WRIGHT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CLARENCE WRIGHT named as one of the parties in that certain Corporation Grant Deed dated May 5, 1992, executed by Randall S. Harris, President for H & S Construction, Inc. to CLARENCE WRIGHT and JOSEPHINE D. WRIGHT, husband and wife, as joint tenants, recorded as Instrument No. 279786, on May 29, 1992, in book 592, page 5192 of Official Records of Douglas County, ~~California~~ NEVADA, covering the following described property situated in the Douglas County of Douglas State of ~~California~~ Nevada:

all that real property in the County of Douglas, State of Nevada, being Assessor's Parcel Number 25-670-22, specifically described as:
All that certain lot, piece, or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 22, as set forth on the Final Map of MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, In Book 691, Page 337, as Document No. 252075.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

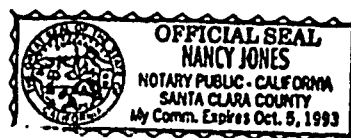
Dated July 26, 1993

Josephine D. Wright
Josephine D. Wright

SUBSCRIBED AND SWORN TO before me

this 26th day of July, 1993

Signature Nancy Jones
Nancy Jones
Name (Typed or Printed)



Title Order No. _____ Escrow, Loan or Attorney

314106

BK0893PG0151

PARCEL PAGE MAP BOOK Assessors Identification Number:

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 79 IMAGE 438

LOCAL FILE NUMBER

1349

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Clarence Jasper WRIGHT		2. DATE OF DEATH (Month, Day, Year) July 10, 1993		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emet. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 71		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) March 31, 1922		9a. STATE OF BIRTH (If not U.S.A., name country) Hawaii		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Josephine Sciuto	
13. SOCIAL SECURITY NUMBER 2578		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Maintenance Electrician		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1507 Millcreek Way		15e. INSIDE CITY LIMITS (Specify Yes or No) yes		16. FATHER—NAME First Middle Last William J. Wright	
17. MOTHER—MAIDEN NAME First Middle Last Caroline Busch		18a. INFORMANT—NAME (Type or Print) Josephine Wright		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1507 Millcreek Way, Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY—NAME Gate of Heaven Cemetery		19c. LOCATION City or Town State Los Altos, California	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 25		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431	
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.) 7-12-93		21c. HOUR OF DEATH 1630		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.)	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Kosta M Arger, M. D., 75 Pringle Way, Reno, NV. 89502		22d. ON		22e. AT	
23a. REGISTRAR <i>[Signature]</i> Dep		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 12, 1993		23c. LICENSE NUMBER 4093	
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Interval between onset and death	
PART I (a) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Inferior Wall MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause(s) given in Part I.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION	
28g. INJURY AT WORK (Specify Yes or No)		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE		28k.		28l.	

No. 051358

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

314106

BK 0893 PG 0152

CONFIDENTIAL

THIS COPY IS NEAR IDENTICAL TO THE ORIGINAL COPY. FOR BEST RESULTS, USE ORIGINAL COPY. COLOR GRAY APPEARANCE.

Michael J. Shaw

SEAD

APR 18 1993

THIS COPIED COPY WAS REPRODUCED BY THE VITAL STATISTICS DIVISION OF THE MISSOURI DEPARTMENT OF HEALTH AND SENIORS SERVICES.

314106

BK0893PG0153

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA)

On July 26, 1993 before me, Nancy Jones, Notary Public, personally appeared Josephine D. Wright personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Nancy Jones



REQUESTED BY
Norbert Silveira
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 AUG -2 P1:38

314106
BK0893PG0154

SUZANNE BEAUDREAU
RECORDER
\$ 200 PAID Ka DEPUTY