

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA )  
 ) SS  
COUNTY OF CARSON CITY )

NICOLETTA M. BAIRD, being first duly sworn,  
deposes as says;

1. That I am over the age of eighteen years and legally competent to make and execute this Affidavit.

2. That NICOLETTA M. BAIRD IS the Surviving Joint Tenant of ELDON LEIGH BAIRD.

3. That ELDON LEIGH BAIRD is now deceased, having died in WASHOE COUNTY, State of NEVADA, on JULY 23, 1993 19. Attached hereto is a Certified Copy of the Certificate of Death of ELDON LEIGH BAIRD, which has been duly filed with the RENO, NEVADA State Department of Human Resources, Division of Health, Section of Vital Statistics, RENO, NEVADA. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of said ELDON LEIGH BAIRD AKA ELDON L. BAIRD, he and NICOLETTA M. BAIRD were owners, in Joint Tenancy, under a DEED OF TRUST recorded July 6, 1993 in Book 0793 at Page 0711-0713 as Document No. 311709 Official Records of Douglas County, State of Nevada, which is secured by that certain real property situate in Carson City, State of Nevada, which is more particularly described as follows:

Lot 225 of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374 of Maps, Page 676, as File No. 72456.

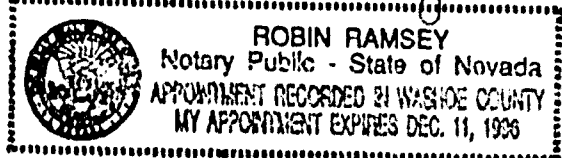
5. That by reason of the demise of the said ELDON LEIGH BAIRD, the said NICOLETTA M. BAIRD became the sole owner and Beneficiary under the above Deed of Trust on the above described and secured real property.

Dated at Reno, State of NEVADA, this 15th Day of November, 19 93.

Nicoletta M. Baird  
Nicoletta M. Baird

SUBSCRIBED AND SWORN to before me  
this 15th Day of November 19 93.

Robin Ramsey  
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 79 IMAGE 559

LOCAL FILE NUMBER 1470

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Eldon Leigh BAIRD		2. July 23, 1993		3a. Washoe
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not ether, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emmer, Rm. Inpatient (Specify)
	3b. Reno		3c. 2220 King Edward		3e. SEX 4. Male
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)
	5. White		8. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		7a. 72
L	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
	9a. Idaho		9b. U.S.A.		10.
PARENTS	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
	13. 6213		14a. Supervisor		14b. Aircraft
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)
	16. Emmett Baird		17. Minnie Simpson		11. Married 12. Nicoletta Marcus
INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		RESIDENCE—STATE		COUNTY
	18a. Nicoletta Baird		18b. 2220 King Edward Reno, Nevada 89503		15a. Nevada 15b. Washoe 15c. Reno 15d. King Edward 15e. Yes
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. Cremation		19b. Sierra Crematory		19c. Reno Nevada
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
	20. <i>Nicoletta Baird</i>		20b. 16		20c. 875 West Second Street Reno, Nevada 89503
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.		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>Antoinette A. Cortese MD</i>		(Signature and Title) _____		
To be completed by Coroner's Office	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21b. July 26, 1993		21c. 5:00 P.M.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)	LICENSE NUMBER		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	23a. ANTOINETTE A. CORTESE, M.D., 1000 Locust Street, Reno, NV 89520		23b. LL 745		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	24a. <i>Charles Shan</i> Dep		24c. July 27, 1993		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	PART I (a)		Interval between onset and death		
	Myocardial infarction		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:	PART I (b)		Interval between onset and death		
	Advanced coronary artery disease		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:	PART I (c)		Interval between onset and death		
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		27. No			
ACC. SUICIDE, HON. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c.	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office, building etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE	
28e.	28f.	28g.			

No. 051404

STATE REGISTRAR 325512 BK 1293P64320

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

*Donald & Helen*

SEAL

REQUESTED BY  
FIRST CENTENNIAL TITLE CO.  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

'93 DEC 20 P3:13

SUZANNE BLANCHARD  
RECORDER

\$ 9.00 FAULT K2 DEPUTY

325512  
BK | 293PG432 |