## AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA

MINDEN, NV 89423

) 88.

County of DOUGLAS

MARILYN C. PERRY

, of legal age, being first duly sworn,

deposes and says:

That THOMAS GENE PERRY , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as THOMAS GENE PERRY , named as one of the parties in that certain GIFT DEED dated June 20, 1990 , executed by

MABLE MARIE PERRY, THOMAS GENE PERRY AND MARILYN C. PERRY

to

MABLE MARIE PERRY, A WIDOW, THOMAS GENE PERRY AND MARILYN C. PERRY, HUSBAND AND WIFE,

as joint tenants, recorded as Instrument No. 228635, on June 22, 1990 , in Book 690 , Page 3019, of Official Records of DOUGLAS , County, Nevada covering the following described property situate in the County of DOUGLAS , State of Nevada:

Lot 111, as shown on the map entitled "FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 5", filed for record August 11, 1972, in the office of the County Recorder of Douglas County, Nevada, as Document No. 61096.

A.P.N. 25-401-06

Dated January 24, 1994

SUBSCRIBED AND SWORN TO before me, the undersigned Notary Public in and for said County and State, on MARILYN C. PERRY J

C. ACEVES

NOTARY PUBLIC - NEVADA

DOUGLAS COUNTY

My Appt. Expires Aug. 14, 1994

FOR RECORDER'S USE

Notary Public

**329247**BK 0 1 9 4 PG 4 2 9 3



## STATE OF YEVADA

## 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

PART (a) Atherosclerotic coronary vascular disease				CERT				
Thomas Gene PERRY 2January 12, 1994  St. Carson City  St.			Middle			DATE OF D	EATH (Month, Day, Year)	
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16. James Perry 17. Mabel Sarmon REFORMANT—NAME (Type or Fring)  16. Marilyn Perry  16. P.O. Box 1197, Minden, Newada 89423  16. Burlal, Cremation, Removal, Other (Spech)  16. Burlal Director—Schafture (Cornor Crematory)  16. Garden Cemetery  16. Garden Cornor Town, Sum, Zpp)  16. Garden Cornor Crematory  16. Garden Cornor Town, Sum, Zpp)  16. Garden Cornor Crematory  16. Garden Cornor Town  16. Garden Cornor Town  16. Garden Cornor Town  17. Minden, Newada 89423  18. Garden Cornor Crematory  18. Garden Cornor Sum, Zpp  18. Gard			ouglas					
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21a. To the base of my knowledge, deal occurred at the bins, date and place and deal or the caused stated.  22a. On the base of examination funds investigation, to previously stated and place and deal or the caused stated.  (Signature and Tries)  DATE SIGNED (Mo., Day, Yr.)  HOUR OF DEATH  21b.  21c.  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21d.  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)  22a. Chief Deputy Coroner, 901 E. Musser St., Carson City, Nv.  22b. A6  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE  (ENTER ONLY ONE CAUSE PERLANE FOR (A), (b), AND (c))  PART  (a) Atherosclerotic coronary vascular diseases  (b) DUE TO, OR AS A CONSEQUENCE OF:  (c) OTHER SIGNEFICANT CONDITIONS—Condenois contributing to deam but not resulting in the underlying cause given in Part I.  (d) OTHER SIGNEFICANT CONDITIONS—Condenois contributing to deam but not resulting in the underlying cause given in Part I.  (d) OTHER SIGNEFICANT CONDITIONS—Condenois contributing to deam but not resulting in the underlying cause given in Part I.  (d) OTHER SIGNEFICANT CONDITIONS—Condenois contributing to deam but not resulting in the underlying cause given in Part I.  (d) OTHER SIGNEFICANT CONDITIONS—Condenois contributing to deam but not resulting in the underlying cause given in Part I.  (d) OTHER SIGNEFICANT CONDITIONS—Condenois contributing to deam but not resulting in the underlying cause given in Part I.  (d) OTHER SIGNEFICANT CONDITIONS—Condenois contributing to deam but not resulting in the underlying cause given in Part I.  (e) DUE TO, OR AS A CONSEQUENCE OF:  (b) DUE TO, OR AS A CONSEQUENCE OF:  (c) Interval between onset and deal of the part	(Or Person Acting as Suc	ch)	LUCENSI	NUMBER 2		, we	•	•
Signature and Table  Company (No. Day, Vr.)  DATE SIGNED (No. Day, Vr.)  DATE SIGNED (No. Day, Vr.)  POUR OF DEATH  21c.  DATE SIGNED (No. Day, Vr.)  NAME OF ATTERONING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21d.  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTERDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)  22a. Chief Deputy Coroner, 901 E. Musser St., Carson City, Nv.  22b. A6  REGISTRAR  22a. (Segnature)  22b. Managedate Cause  (ENTER ONLY ONE CAUSE PERLANE FOR (A), (b), AND (c))  PART  (a) Atheroscierotic coronary Vascular disease  (b) Due To, Or as a consequence of:  (c)  OTHER SIGNEFICANT CONDITIONS—Condebons community to death but not resulting in the underlying cause given in Part.  (c)  OTHER SIGNEFICANT CONDITIONS—Condebons community and one that the underlying cause given in Part.  (c)  OTHER SIGNEFICANT CONDITIONS—Condebons community and one that the underlying cause given in Part.  (c)  OTHER SIGNEFICANT CONDITIONS—Condebons community and not resulting in the underlying cause given in Part.  (d)  OTHER SIGNEFICANT CONDITIONS—Condebons community and one that the underlying cause given in Part.  (d)  OTHER SIGNEFICANT CONDITIONS—Condebons community and the underlying cause given in Part.  (e)  OTHER SIGNEFICANT CONDITIONS—Condebons community and the underlying cause given in Part.  (d)  OTHER SIGNEFICANT CONDITIONS—Condebons community and the underlying cause given in Part.  (e)  OTHER SIGNEFICANT CONDITIONS—Condebons community and the underlying cause given in Part.  (c)  OTHER SIGNEFICANT CONDITIONS—Condebons community and the underlying cause given in Part.  (d)  OTHER SIGNEFICANT CONDITIONS—Condebons community and the underlying cause given in Part.  AUTOPSY  (Society vest of No.)  27. Yes  280.  ACT. SUCIDER HOW. UNDET.  DATE OF INJURY—AI norms, term, sevent, tackory, office  DATE OF INJURY—AI norms, ter	21a. To the best of	of my knowledge, deal		ate and place an				
21b. 21c. 88 22b. 0/-/3-54 22c. 0059  RAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21d. 22d. ON 1-12-94 22e. AT 0059  REGISTRAR  22a. Chief Deputy Coroner, 901 E. Musser St., Carson City, Nv. 20 A6  REGISTRAR  22a. (Signature)  23b. Manual Date of No. 1 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	Signature an					S (Signature and	Trivi	so or ruch st
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25. HAMEDIATE CAUSE (ENTER ONLY ONE CAUSE PERLANE FOR (II), (Ib), AND (C) )  PART  (a) Atherosclerotic coronary vascular disease  (b) DUE TO, OR AS A CONSEQUENCE OF:  (c) Interval between onset and deal  (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.  (d) Autopsy (Specify Ves or No)  76 Yes Or No)  ACC. SUCCIDE, HOM., UNDET. DATE OF NULRY (Ab., Oby, Yr.) HOUR OF INJURY OR PENDING INVEST.  (Specify Yes or No)  28b.  PLACE OF INJURY—At home, tarm, street, tadory, once building, etc. (Specify)  29c. (Specify Yes or No)  DOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE  NO. CITY OR TOWN STATE		THE Y	Y Sugar	ر سید	1 / / /		*	
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OTHER SIGNIFICANT CONDITIONS—Conditional contributing to death but not resulting in the underlying cause given in Part I.  PART II  OTHER SIGNIFICANT CONDITIONS—Conditional contributing to death but not resulting in the underlying cause given in Part I.  AUTOPSY (Sonoty) WAS CASE REFERRED TO CORONER (Specify Yes or No.)  26 Yes  ACC. SUICIDE, HOM., UNDET. DATE OF INJURY (Ab., Day, YY) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  OR PENDING INVEST.  (Specify Yes or No.)  28c. M 28d.  INJURY AT WORK (Specify Yes or No.)  PLACE OF INJURY—At home, term, street, tisclory, often building, etc. (Specify Yes or No.)		OR AS A CONSEQUE	INCE OF:					Interval between onset and deat
PART OTHER SIGNIFICANT CONDITIONS—Conditions continuously to death but not resulting in the underlying cause given in Part I.  AUTOPSY (Specify Yes or No) 26 Yes  ACC. SURCIDE, HOM., UNDET. DATE OF INJURY ALD, Day, YY) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED CORPENDING INVEST. (Specify) 28b.  INJURY AT WORK (Specify) PLACE OF INJURY—At home, tarm, street, tackey, office building, etc. (Specify)								
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OR PENDING INVEST. (Specify) 28b. 28c. INJURY AT WORK (Specify Yes or No)  PLACE OF INJURY—At home, term. street, factory, office building, etc. (Specify)  LOCATION: STREET OR R F D. No. CITY OR TOWN STATE	(c)	FICANT CONDITIONS	-Conditions contributing	to death but no	resulting in the underlyin	g cause given in Pa	MII. AUTOPSY (Spec	WAS CASE REFERRED TO
288.  INJURY AT WORK (Specify Yes or No)  PLACE OF INJURY—At nome, term, street, tactory, office building, etc. (Specify)  LOCATION. STREET OR R F.D. No. CITY OR TOWN STATE	(c)	REICANT CONDITIONS	S-Conditions contributing	to death but no			76 Yes	No.   CORONER (Specify Yes or No.)
(Specify Yes or Flo) building, etc. (Specify)	PART OTHER SIGNS  ACC., SUICIDE, HOM., U OR PENDING INVEST.						76 Yes	No.   CORONER (Specify Yes or No.)
	PART OTHER SIGNED	UNDET., DATE OF IN	USRY (N.D.) (17) HC 28	NUR OF INJURY	DESCRIBE HOW	V INJURY OCCUR	RED Yes Or A	27. Yes

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SUZANNE BEAUDREAU
RECORDER