

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
COUNTY OF DOUGLAS )

94010044GG

PREESA COY, being of legal age,  
and being first duly sworn, deposes and says, that \_\_\_\_\_

WILLIAM HAROLD COY,  
the decedent mentioned in the attached certified copy of Certificate  
of Death, is the same person as WILLIAM H. COY

named as one of the parties in that certain GRANT DEED  
dated SEPT. 23, 1992

executed by WALTER C. MERRELL AND NORA MERRELL, TRUSTEES  
to WILLIAM H. COY AND PREESA COY

as joint tenants, recorded as Instrument No. 286385, on  
SEPT. 28, 1992, in Book 992, Page 4996,

of Official Records of DOUGLAS County, State of  
NEVADA, covering the following described

property situated in the County of DOUGLAS, State of  
NEVADA, as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO  
AND MADE A PART HEREOF

Dated this 11th day of MARCH, 1994.

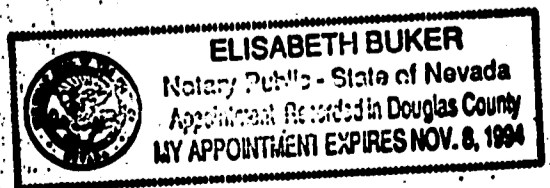
STATE OF NEVADA )  
COUNTY OF DOUGLAS ) ss.

PREESA COY  
PREESA COY

On MARCH 11, 1994, personally appeared  
before me, a Notary Public, PREESA COY

personally known or proved to me to be the  
persons whose names are subscribed to the above  
instrument who acknowledged that they executed  
the same for the purposes therein stated.

Elisabeth Buker  
Notary Public



WHEN RECORDED, MAIL TO:  
PREESA COY  
C/O PO BOX 10209  
MINDEN, NV 89423

332258  
BK 0394PG2501

# 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

94 000171

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

PARENTS

SPECIAL

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. William Harold COY			2. January 5, 1994		3. Carson City
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		4. Sex	5. Inpatient /
3b. Carson City		3c. Carson-Tahoe Hospital		4. Male	
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.		6. AGE—Last Birthday (Years)	7. DATE OF BIRTH (Mo., Day, Yr.)
5. White		6.		7a. 65	7b. : : 7c. : : 8. November 15, 1928
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Nevada		9b. USA		10. 8	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY (Specify)	
13. 4188		14a. Owner/Operator		11. Married 12. Preesa Tovichien	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Douglas	15c. Gardnerville		15d. 1243 Jones Ranch Rd. 15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. William Coy			17. Mary Detrich Snyder		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. William Taro Coy			18b. 1087 Longshore Drive, San Jose, California 95128		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Removal - Burial		19b. Cypress Lawn Memorial Park		19c. Colma California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY (Specify)	
20a. <i>William Walton</i>		20b. 21		20c. 1281 N. Roop Street, Carson City, Nevada 89706	
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)			(Signature and Title)		
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
21b. 1/6/94			21c. 1215		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.			22c. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)			LICENSE NUMBER		
23a. Robert L. McDonald MD 710 W. Washington, Carson City, Nevada			23b. 6433		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>Luan M. Spacher</i>		24b. January 7, 1994		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) <i>Respiratory Failure + Severe COPD</i>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Days	
(b) <i>Sepsis</i>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Days	
(c) <i>Ruptured duodenum / diverticula</i>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Days	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No)	
<i>Severe Chronic Obstructive Pulm. Dis.</i>				26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a.				27. No	
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	
29a.		29b.		29c.	

SEAL

No. 060169

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

Date Issued: MAR 14 1994

*J. Spacher*  
Deputy Registrar

WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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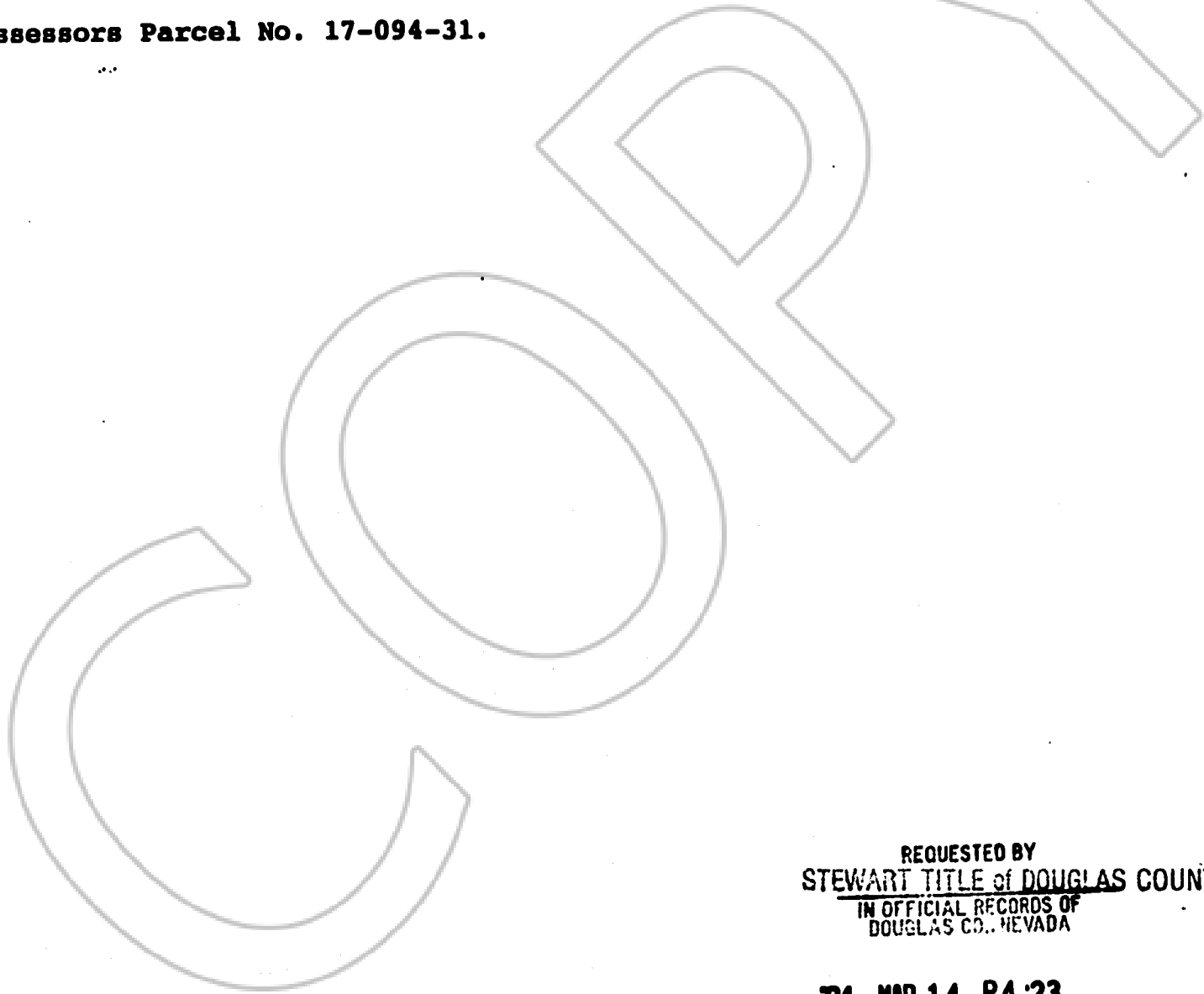
**LEGAL DESCRIPTION**

All that certain lot, piece or parcel of land situate in the County of DOUGLAS, State of Nevada, described as follows:

Lot 3, according to that certain Record of Survey for Pink House, Inc., filed for record on July 19, 1987, in Book 787 of Official Records as Page 1604, Document Number 158154, of the Official Records of Douglas County, Nevada.

TOGETHER WITH a non-exclusive twenty-foot easement for ingress and egress across Westerly edge of Lot 2 of that certain Record of Survey for Pink House, Inc., filed for record on July 19, 1987, in Book 787 at page 1604, Document No. 158154, of Official Records of Douglas County, Nevada.

Assessors Parcel No. 17-094-31.



REQUESTED BY  
STEWART TITLE of DOUGLAS COUNTY  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

94 MAR 14 P4:23

SUZANNE BEAUDREAU  
RECORDER

\$ 9.00 PAID *Ka* DEPUTY

332258  
BK 0394 PG 2503