M464437C Escrow No. -sus

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA) 88.

County of DOUGLAS

CLAUDIA RAFFINGTON , of legal age, being first duly sworn,

deposes and says:

, the decedent mentioned in the That CHARLES E. RAFFINGTON attached certified copy of Certificate of Death, is the same person as , named as one of the parties in that certain CHARLES E. RAFFINGTON' GRANT DEED dated November 9, 19 89 , executed by ROBERT L. JONES AND LOUISE M. JONES, HUSBAND AND WIFE

CHARLES E. RAFFINGTON AND CLAUDIA RAFFINGTON, husband and wife

as joint tenants, recorded as Instrument No. 214794, on November 15, 1989, in Book 1189, Page 1994, of Official Records of DOUGLAS , County, Nevada covering the following described property situate in the County of DOUGLAS , State of Nevada:

LOT 31, IN BLOCK K, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 16, 1970, IN BOOK 1 OF MAPS, PAGE 224, AS DOCUMENT NO. 50212.

APN 37-412-29

Dated September 15, 1993

Claudia Ka, ffington
SUBSCRIBED AND SWORN TO DEFORE ME, the undersigned Notary Public in and for said County and State, mber 20, 199

FOR RECORDER'S USE

Notary Public

JUDY A COCLICH Public - State of Nevada obstanent Recorded in Carson City

Y AFPOINTMENT EXPIRES OCT. 3, 1985

332610

BK 0394 PG 3368



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

		CAL FILE NUMBE	R	· ·								STA	STATE FILE NUMBER		
TYPE OR PRINT	DECEASED-	-NAME First		Middle Last				DATE OF	DEATH (Mont	h, Dey, Year)	COUNTY OF DEATH				
PERMANENT BLACK INK	Charles CITY, TOWN, OR LOCATION OF DEATH						AFFIN			ne 20.	1993		₃ Douglas		
BLACK IN				HOSPITAL OR	lame (If not	ether, give str	eet and nur	nber), If Ho	Hosp, or Inst. Indicate DOA, m, Inpatient (Specify)		/Erner. SE	x			
DECEDENT	∞ Gardnerville			≈ 1525 Flint Road						30.		Δ		Male	
ULULUL I	RACE-(e.g.,	White, Black, Ame	Becedent of Hispanic Origin? Specify □ yes no If yes, AC orly Mexican, Cuban, Puerto Rican, etc.				AGE-Last Birthday (Yo	Lest UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) y (Years) MOS • DAYS HOURS • MINS					D., Day, Yr.)		
	5 White 6							7a. 54	70.		7c.		uly 26,		
F DEATH OCCUPRED IN	STATE OF BI	STATE OF BIFITH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY Decedent's E grade complete			pecity highes	WIDOWED, DIVORCED			SURVIVING	VIVING SPOUSE (if wile, give meden name)		
ASTITUTION SEE HANDROOK	🛌 Cali			b. USA		10. 11			(Specify)	Marrie	d	12.Cla	udia Br	anum	
REGIADING COMPLETON OF	SOCIAL SECI	SOCIAL SECURITY NUMBER			ON (Give K if Retired)	ind of Work Do	ne Dunng N	lost of	KIND C	F BUSINESS	OR INDUSTR	Y \			
PESCENCE FIEWS	^{13.} 2670			144 Mechanic					146 Silk Screening			ng .	\		
L	RESIDENCE-	-STATE	COUNTY	DUNTY		CITY, TOWN, OR LOCATION			Jane	STREET AM		\ \	INSIDE CIT	Y LIMITS 8 or No)	
		154 Nevada		156. Douglas			Wellington				1525 Flint				
PARENTS	FATHER-NA	ME First		Middle		Last	MO	THER-MAIDE	N NAME	First	The second second	Middle	1	Act	
	16.	<u>Charl</u>		Steed	Raf	fingto				Jeanne			Gall	and	
	INFORMANT—	NAME (Type or Pr	int)				ADDRESS			et or R.F.D. N		-	N		
	16a. Clau	dia Raff	ingto					lint R	oad,			Nevada			
1		MATION, REMOVA	L. OTHER (S			R CREMATOR	1			Loc	CATION	City or Tou	74	State	
D SPECT IN	19a. Crem	ation ECTOR—SIGNATI		198	Sie	rra Cr	emato	ry	CH 1224	19c	· R	eno		vada	
	(Or Person Ac	ting as Such)		-/	FIANC IAON							el of			
•	712 12		Vally of	occurred at the tr			1201					City,			
	, 3 1 64	the best of my kno to the cause(s) st	_	OCCUPIED SE USE IN	1116, USIG SI	o pace and	7/4					and an and an and an	Tanne st	Med.	
	25 €5 (S4	gnature and Title) TE SIGNED (Mo., I		LHOUR	OF DEATH				Signature a	nd Title) ED (Mo., Day		THOUR OF D			
	82 21t	•	,,,	21c.			1	19.0	100	-22-9			830		
CERTIFIER	8 NA	ME OF ATTENDIN	G PHYSICIAN		CERTIFIES	(Type or Pnnt				ED DEAD (M			ED DEAD (Hou		
	To be Completed by CERTIFYING PHYSICIAN			_		State of the latest state		%, F	1	6-20-9			830	•	
		ME AND ADDRES	OF CERTIF	ER (PHYSICIAN, A	ATTENDING	PHYSICIAN,	MEDICAL E		20. UN			229. A1	ENSE NUMBE	Ř	
l	24	Lewis B	rooks	Dep. Co	roner	. P.O.	Box 2	218, M	inden	Neva	da 894	23 23	. 265 °		
CONDITIONS	REGISTRAR	7	_	_								COMMUNICAL	BLE DISEASE		
IF ANY WHICH GAVE	24a. (Signature)	> //2 .	لا صل	Lechi adire	11.	24	o lui	2 25.	179	3 24	ic. YES 🗆	NO ₂ E3			
RISE TO	25. IMMEDIATE	CAUSE IEA	TER ONLY	NE CAUSE PUT L	INE FOR (1			7	Inter	val between on	set and death	
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a)	Conclus	ive w	ith coro	nary	arteri	oscle	rosis				:			
CAUSE LAST		DIF TO OR AR A	CUMPETATE	HUE CE.			1	1				• sinter	val between on:	set and death	
	(0)			\								:			
		DUE TO, OR AS A	CONSEQUE	ENCE OF:									Interval between onset and death		
CAUSE OF	(c)		_									<u> </u>			
DEATH	PART OT	HER SIGNIFICANT	CONDITIONS	Conditions contri	buting to de	eth but not resu	Ating in the	inderlying caus	se given in i	Part I. AUTO	OPSY (Specify WAS (CASE REFERRI NER <i>(Specil</i> y Y	ED TO 'es or No)	
				<u> </u>							Yes	, 27.	Yes		
/		, HOM , UNDET NVEST.	DATEOFIN	JURY (Alb., Day; Yr.)	HOUR O	FINURY	DESCR	BE HOW INJ	JRY OCCU	RRED					
- /	(Specify) 28a		286.		28c.		M 28d.								
_ /	(Specify Yes or		1	bulang.	e. term, serest, factory, office LOCATION, p. etc. (Specify)				SIMEE	OR R F.D. N		CITY ON TOW	N STATI	E	
	25e.		281.			28g.					SEA	7.0	·		
											1	No. A	5284	.3	
\	\			1,	N							7			
1	ALL DE	This is to	certify ti	nat the above	js a tru	e and cou	ect copy	L. ASY	_	9 40 4	•	<i>V</i>	\$1.00	200	
		of the ce	rtificate o	n file in this			· •	110		MA		an			
APPE"		Date Issu	ed:	JUN 2/5	i 199 3			[]		Deput	y Registrá	r. //		· ///	
			→ →			D)) [55] ((C.	(Q))) Fig.							الله المنادة	
即周			්ූේජ්	* * * * * * * * * *			1.4	81	. Vid	చ్ చ్చి	HOOM	EMA (
	THE PARTY OF		W			GAL TO A			HIS DOC	CUMENT	€ U ≥				
	Mere			H LIBERT	- Party	Ht North	A. dPu.		() () () ()	J H Y	97 # , 19 10 13		Will : 14 -1 - 14		

BK 0394763369

332610



332610 BK 0 3 9 4 PG 3 3 **7 0** 94 MAR 18 P12:12

SUZANNE BEAUDREAU

PAIL DEPUTY