

AFFIDAVIT-DEATH OF JOINT TENANT

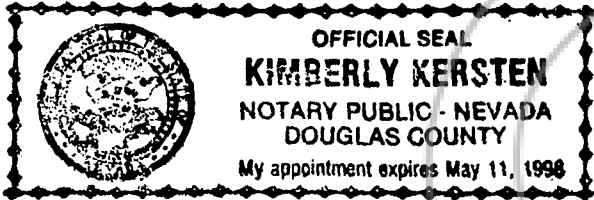
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STATE OF NEVADA

COUNTY OF Carson

Amelia Jane Tilman, of legal age, being first
duly sworn, deposes and says: That Mary Elizabeth Fallis,
the decedent mentioned in the attached certified copy of Certificate of
Death, is the same person as Mary E. Fallis
named as one of the parties in that certain Joint Tenant Deed
dated July 15, 1963, executed by Mary E. Fallis, a widow,
James Marion Tilman, a married man, and to Mary E. Fallis and James Marion Tilman, a
Amelia Jane Tilman, his wife
married man, as joint tenants, recorded as Instrument
No. 23005, on July 19, 1963, in book 18,
page 440, of Official Records of Douglas County
County, Nevada, covering the following described property situated in the
Douglas County of Douglas, State of Nevada:

See exhibit "A"



DATED 3-6-95

Amelia Jane Tilman
Amelia Jane Tilman

SUBSCRIBED AND SWORN TO before me

this 6th day of March, 1995

Signature Kimberly Kersten

Kimberly Kersten
Name (Typed or Printed)

RECORDING REQUESTED BY

357887

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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

77-000014
STATE FILE NUMBER

393
TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST		2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
Mary Elizabeth FALLIS		Female	January 24, 1977
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	5a. AGE—LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
White	79		6. DATE OF BIRTH (MONTH, DAY, YEAR)
			November 5, 1897
7a. CITY, TOWN, OR LOCATION OF DEATH	7b. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
Carson City	Yes	Carson Tahoe Hospital	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Nebraska	U.S.A.	Widowed	
12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED.)	13b. KIND OF BUSINESS OR INDUSTRY	
4429-A	Homemaker	Homemaking	
14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)
Nevada	Douglas	Minden	No
			14e. STREET AND NUMBER
			Downs Road

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

15. FATHER—NAME FIRST MIDDLE LAST	16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST
Rickels N. Adkins	Martine Larson
17. INFORMANT—NAME	
James M. Fallis Tilman	
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Route 3 Box 570 Minden, Nevada 89423	

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE

(a) *571.0 Liver Failure*

(b) *Liver Failure Complicated by Liver*

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CERTIFIER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO) No

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

20b. DATE OF INJURY (MONTH, DAY, YEAR)

20c. HOUR

20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20e. INJURY AT WORK (SPECIFY YES OR NO)

20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM

21b. TO

21c. AND LAST SAW HIM/HER ALIVE ON

21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.

21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21f. HOUR OF DEATH

21g. THE DECEDENT WAS PRONOUNCED DEAD

21h. HOUR

22a. CERTIFIER—NAME (TYPE OR PRINT)

22b. SIGNATURE

22c. DEGREE OR TITLE

22d. DATE SIGNED (MONTH, DAY, YEAR)

22e. MAILING ADDRESS—CERTIFIER

22f. STREET OR R.F.D. NO.

22g. CITY OR TOWN

22h. STATE

22i. ZIP

BURIAL

23a. Jack S. Harper

23b. 710 West Washington

23c. Carson City

23d. Nevada

23e. 89701

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)

24b. CEMETERY OR CREMATORY—NAME

24c. LOCATION

24d. DATE (MONTH, DAY, YEAR)

24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24f. FUNERAL DIRECTOR—SIGNATURE

24g. REGISTRAR—SIGNATURE

24h. DATE RECEIVED BY LOCAL REGISTRAR

24i. Lone Mountain Cemetery

24j. Carson City, Nevada

24k. January 27, 1977

24l. Walton Funeral Home 1281 N Roop St Carson City Nevada 89701

24m. William P. Mills

24n. [Signature]

24o. January 27, 1977

Information added: February 2, 1977
Item #17a
State Affidavit #13987

John H. Carr, M.D.
John H. Carr, M.D.
STATE REGISTRAR

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

JUN 13 1983

Date Issued:



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

031300 200 8615 83

SECURITY-COLUMBIAN UNITED STATES BANKNOTE CORPORATION

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EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada County of Douglas, described as follows:

A parcel of land situated in and being a portion of the NE 1/4 of Section 33 in Township 14 North, Range 20 East, M.D.B.&M., described as follows,

Beginning at the center of Section 33, Township 14 North, Range 20 East, M.D.B.&M., where there is set a one inch iron rod; thence South 89°49' East along the East-West quarter section line of said Section 33, a distance of 928.81 feet to the True Point of Beginning; thence South 89°49' East a distance of 132.00 feet; thence North 0°08' West a distance of 340 feet; thence North 89°49' West a distance of 132.00 feet; thence South 0°08' West a distance of 340.00 feet to the Point of Beginning.

Assessors Parcel No. 21-110-05.

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

'95 MAR 15 AM 10:26

357887

BK0395PG1798

LINDA SLATER
RECORDER
\$^{9.00} PAID ^{k2} DEPUTY