RICHARD F. CORNELL

AFFIDAVIT OF DORIS IRVINE BLISS RE: DEATH OF JOINT TENANT

STATE OF NEVADA)		
	:SS		
COUNTY OF WASHOE)		

DORIS I. BLISS, aka DORIS IRVINE BLISS, being first duly sworn, deposes and says:

- 1. That your Affiant is a citizen and resident of the State of Nevada, County of Douglas.
- That Warren Bruce Richardson, aka Warren B. Richardson, died on January
 1996 in Washoe County, Nevada. A true and correct certified copy of the Certificate of
 Death of Warren Bruce Richardson, is attached hereto.
- 3. That, prior to his death, your Affiant and Warren B. Richardson held title to the following property situate in Douglas County, Nevada as Joint Tenants, with Right of Survivorship:

LOT 12, IN BLOCK B, AS SET FORTH ON THE FINAL MAP OF MOUNTAIN GLEN, PHASE 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 28, 1987, IN BOOK 1287, PAGE 3712, AS DOCUMENT NO. 169542.

- 4. That your Affiant and Warren B. Richardson acquired said property as Joint Tenants with Right of Survivorship by reason of the Individual Grant Deed executed on the 2nd day of February, 1994 and recorded in the Douglas County Recorder's Office as Document No. 329918, Book 294, Page 2131.
- 5. That your Affiant is the sole surviving Joint Tenant by reason of Warren B. Richardson's death.
- 6. That the purpose of this Affidavit is to create the presumption as set forth in NRS 111.365 regarding the termination of the joint property interest and the vesting of the afore-

RICHARD F. CORNELL

379165BKO | 96PG2923

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

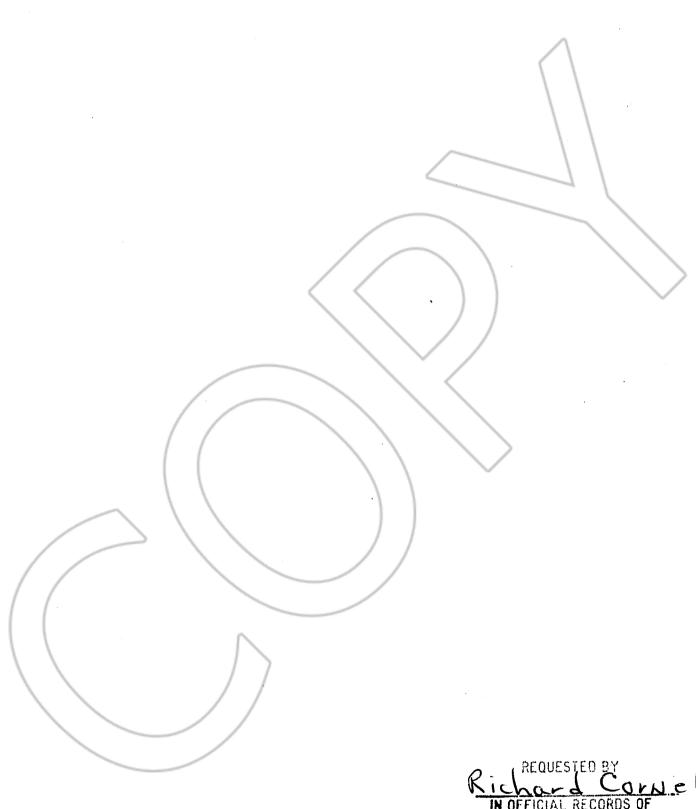
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

. —	LOCAL FILE NUMBE ECEASED—NAME First	n 13 Middle		Last	DATE OF DEATH (Month, Da	STATE F	ILE NUMBER UNTY OF DEATH
jτ <u>1</u>	Warren	Bruce			² January 2,1	996	Washoe
31		发表的变性原则 医中毒血压	hoe Medical	Name (If not either, give stre Center	Rm. Inpat	r Inst. indicate DOA, OP/Eme ient (Specify) Inpatient	
JT Pi	ACE—(e.g., White, Black, Amer Indian, etc) (Specify)	ican Was Decedent of His specify Mexican, Cub	panic Origin? Specify 🗀 yes an, Pueno Rican, etc.		UNDER 1 YEAR		4. Male BIRTH (Mo., Day, Yr
We See a ne	White TATE OF BIRTH not U.S.A., name country)	6. CITIZEN OF WHAT		7a. 83 ducation. Specify highest	7b	100000 1000 Percent 100 Pt 100	tober 11.
, <u>9</u> a	~ ~ 1/1 3 £ 1 1 1 1 1 1 1	eb. U.S.	Grade complet	16	(Specify) Divorced	12.	
s 13		Working Life, Eve	TION (Give Kind of Work Do en if Retired) I EMist	one During Most of	KIND OF BUSINESS OR IN		
	SIDENCE—STATE	COUNTY	CITY, TOWN, C	OR LOCATION	STREET AND NUM	/BER	NSIDE CITY LIMITS Specify Yes or No)
	a: Nevada THER—NAME First	1 ^{156.} Washoe Middle	15c Last	Reno	15d 701 Ma NAME First	rsh Ave.	⁵⁸ . Yes Last
S 16	SEC MODE TO CHESSES AND ROBLES.	٧.	<u>Richandson</u>	POR VINE A E	Elizab	<u>eth</u>	Mark
	ORMANT—NAME <i>(Type or Pri</i> i W.Mark Richa			ADDRESS // //	(Street or R.F.D. No., Cit		
	IRIAL, CREMATION, REMOVAL		CEMETERY OR CREMATOR	O BIUE FAIT	Place Reno, N	N City or Town	State
19: N 52	Cremation NERAL DIRECTOR—SIGNATU		9b. Sierra Cr UNERAL DIRECTOR IL NAM	ematory	19c.	Reno	Nevac
20/	Person Actino as Buch)	11 1 11 1 1	ICENSE NUMBER 20c.	875 West S	Walton Fun	eral Home Reno Nevada	89503
Öğ A N	21a. To the best of my know due to the cause(s) sta	viedge, death occurred at the ited.	time, ditte and place and		a On the basis of examination at the time, date and place	and/or investigation, in my cand due to the cause(s) and	opinion death occurr manner stated.
oleted t	(Signature and Title) DATE SIGNED (Mo., D		R OF DEATH	VUU BB IS	ignature and Title)	I HOUR OF DEATH	
To be Completed	216. / - 4	16 / 21c.	1009 *	dwo;		22c.	
Tho be	NAME OF ATTENDING	PHYSICIAN IF OTHER THAI	N CERTIFIER (Type or Ptini	P S P	RONOUNCED DEAD (Mo., Day	(Yr.) PRONOUNCED D	EAD (Hour)
) <u> </u>		OF CERTIFIER (PHYSICIAN	, ATTENDING PHYSICIAN,		d. ON CORONER). (Type or Print.)	22e. AT LICENS	E NUMBER
\	23a. Steplic	nw.Hall	MD 178	6 THINKS		1 84 SCL 23b. 1	NV 368
	GISTRAR (Signatury)			ATE RECEIVED BY REGIST		DUE TO COMMUNICABLE D	DISEASE
		TER ONLY ONE CAUSE PER	Dep 24	• January 4.	1996 246	YES NOXX	etween onset and de
P/	ART (a) DUE TO OB AS A	VICITIES (UNICONSEQUENCE OF.	cer : prin	way prob	the punic	eas: w	KS,
	(D Trans	strond (ell cana	r Left	- Kidney	interval be	etween onset and de
	DUE TO, OR AS A	CONSEQUENCE OF:			J	• Interval be	etween onset and de
	(c) OTHER SIGNIFICANT C	CONDITIONS—Conditions cont	tributing to death but not resu	ulting in the underlying cause	given in Part I. AUTOPSY	(Specify WAS CASE	REFERRED TO
	RT				26. NO	Yes or No) CORONER 27.	(Specify Yes or No)
OR	PENDING INVEST.	DATE OF INJURY (Ma., Day, Yr.)		DESCRIBE HOW INJU	RY OCCURRED		
28a. INJI	JRY AT WORK	PLACE OF INJURY— At home	e, farm, street, factory, office	M 28d. LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	cify Yes or No)	28f.	, etc. <i>(Specify)</i>	28g.			
M	W. W					No. 86	791
- 1		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					

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

Deputy Registra

JAN 1 0 1996



REQUESTED BY

ICHOPA CORNE |

IN OFFICIAL RECORDS OF

DOUGLAS CO., NEVADA

'96 JAN 18 P2:18

LINDA SLATER
RECORDER
PAIDKO DEPUTY

379165 BK0196PG2925