

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )

COUNTY OF DOUGLAS )

PATRICIA LEMUS,

being of legal age, and

being first duly sworn, deposes and says, that ROLAND ELOY LEMUS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROLAND E. LEMUS named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated FEBRUARY 9, 1977, executed by ROLAND E. LEMUS, and unmarried man, and PATRICIA L. YOUNG, an unmarried woman, to ROLAND E. LEMUS and PATRICIA L. LEMUS, husband and wife, as joint tenants, recorded as Instrument No. 07061, on February 22, 1977, in Book 277, Page 953, of Official Records of Douglas County, State of Nevada, covering the property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located in the Northwest 1/4 of the Southeast 1/4 of Section 33, Township 14 North, Range 20 East, M.D.M., according to the official map, commencing at the found East quarter corner of said Section 33, proceed North 89 degrees 48'50" West, 1636.02 feet along the quarter section line to a point; thence South 0 degrees 09'10" West, 1091.09 feet to the TRUE POINT OF BEGINNING, which is the Northeast corner of the parcel; thence North 89 degrees 48'50" West, 159.82 feet to the Northwest corner of the parcel; thence South 0 degrees 09'10" West, 272.56 feet to the Southwest corner of the parcel, which lies on the centerline of Dennis Street; thence South 89 degrees 48'50" East, 159.82 feet, along the centerline of Dennis Street, a fifty foot wide public road, to the Southeast corner of the parcel; thence North 0 degrees 09'10" East, 272.56 feet along the Easterly boundary of the parcel, to the TRUE POINT OF BEGINNING.

Dated this 29<sup>th</sup> day of January, 1996. APN 21-120-15

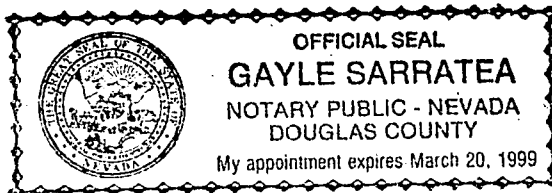
*Patricia L. Lemus*  
Patricia Lemus

STATE OF NEVADA )

COUNTY OF DOUGLAS )

On 1-29-96, personally appeared before me, the undersigned Notary Public, PATRICIA LEMUS personally known (or proved to be on the basis of satisfactory evidence) to be the person whose name is subscribed to the above instrument who acknowledged that SHE executed the same for the purposes therein stated.

*Gayle Sarratea*  
Notary Public



WHEN RECORDED, MAIL TO:  
Patrica Lemus  
P. O. Box 851  
Minden, NV 89423

379988

BK0196P64956



# 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

ROLL 86 IMAGE 507

### CERTIFICATE OF DEATH

95 012645

LOCAL FILE NUMBER 2651

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME First Middle Last <b>1. Roland Eloy LEMUS</b>			DATE OF DEATH (Month, Day, Year) <b>2. December 15, 1995</b>		COUNTY OF DEATH <b>3a. Washoe</b>
CITY, TOWN, OR LOCATION OF DEATH <b>3b. Reno</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c. Washoe Medical Center</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e. Inpatient /</b>	SEX <b>4. Male</b>
RACE—(e.g. White, Black, American Indian, etc.) (Specify) <b>5. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>		AGE—Last Birthday (Years) <b>7a. 70</b>	UNDER 1 YEAR MOS : DAYS <b>7b.</b>
STATE OF BIRTH (If not U.S.A., name country) <b>9a. Louisiana</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>		Decedent's Education: Specify highest grade completed. <b>10. 16</b>	
SOCIAL SECURITY NUMBER <b>13. [REDACTED] 1862</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>14a. Investment Advisor</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. Financial Service Business</b>	
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Douglas</b>	CITY, TOWN, OR LOCATION <b>15c. Minden</b>		STREET AND NUMBER <b>15d. 1340 Dennis St.</b>
FATHER—NAME First Middle Last <b>16. Eloy Lemus</b>			MOTHER—MAIDEN NAME First Middle Last <b>17. Christine Reimmuth</b>		
INFORMANT—NAME (Type or Print) <b>18a. Patricia Lemus</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. P. O. Box 851, Minden, Nevada 89423</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. Sierra Crematory</b>		LOCATION City or Town State <b>19c. Reno, Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 25</b>		NAME AND ADDRESS OF FACILITY <b>20c. Walton's Sparks Funeral Home 18 1745 Sullivan Lane, Sparks, Nevada 89431</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>21b. December 19, 1995</b>			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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>22b.</b>		
21c. HOUR OF DEATH <b>21d. 1300</b>			22c. PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON</b>		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21f. James W. Forsythe, M. D., 75 Pringle Way, Reno, NV. 89502</b>			22e. PRONOUNCED DEAD (Hour) <b>22f. AT</b>		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print)			23b. LICENSE NUMBER <b>23c. 2864</b>		
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. December 19, 1995</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) <b>Peppers</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death <b>1 week</b>	
(b) <b>Small intestinal infarction</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death <b>1 week</b>	
(c) <b>Myelodysplasia</b>				Interval between onset and death <b>7 years</b>	
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) <b>26. No</b>	
ACC., SUICIDE, HOM. UNF. OR PENDING INVEST. (Specify) <b>28a.</b>				WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. No</b>	
DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		HOUR OF INJURY <b>28c. M</b>		DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
INJURY AT WORK (Specify Yes or No) <b>28e.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		LOCATION—STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g.</b>	

Information corrected, State Affidavit #031141, Jan. 17, 1996.  
 Item #25(c). Myelodysplasia 11 months. STATE REGISTRAR  
 Pathological diagnosis was made on 01/19/95 by bone marrow biopsy.

No. 90586

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

Date Issued: **JAN 17 1996**

*[Signature]*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

379988

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COPY

REQUESTED BY  
*Gabriela Lemos*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'96 JAN 29 P3:50

LINDA SLATER  
RECORDER  
\$ 9.00 PAID *MS* DEPUTY

379988  
BK0196PG4958