WHEN RECORDED MAIL TO: WILLIAM TOWNSEND 3935 WALKER VIEW RD WELLINGTON, NV 89444

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)	
) ss.	
County of Douglas)	
WILLIAM TOWNSEND , of legal age, being	first duly sworn,
deposes and says:	
	mentioned in the at-
tached certified copy of Certificate of Death, i	
CAROL TOWNSEND , named as one of the pa	
-	ittes in that certain
GRANT DEED dated 04/18/90, executed by	\ \
A. CARL ESPENSHIP AND GLADYS ESPENSHIP	\ \
	\ \ to
WILLIAM TOWNSEND AND CAROL TOWNSEND, HUSBNAD AND WIFE	\ \
as joint tenants, recorded as Instrument No. 224205,	
in Book 490 , Page 2559, of Official Records of Dougl	
covering the following described property situat	ce in the County of
Douglas , State of Nevada:	
Lot 8, in Block C, as shown on the map of TOPAZ RANCH	ESTATES UNIT NO. 4,
filed for record in the office of the County Recorder	of Douglas County,
State of Nevagda, on November 16, 1970, in book 1 of	
Document No. 50212.	_
A.P.N. 37-472-04	
Dated January 27, 1997	
Dated Danuary 27, 1997	
STATE OF NEVADA) (Illeane a	Lonsud
)SS. WILLIAM TOWNSI	
County of Douglas)	
odding of bodgrab	•
This instrument was acknowledged	
before me on January 27, 1997	
by WILLIAM TOWNSEND	
by William Township	
FOR RE	CORDER'S USE
10/11/2	
•	•
•	
Jose De Sur	
Notary Public :	
/ · · · · · · · · · · · · · · · · · · ·	
mandanianianianianianianianianianianianiania	
JANET LEE HARDY Notary Public - State of Nevada	•
Appointment Recorded in Douglas County	,
MY APPOINTMENT EXPIRES MAR. 26, 1998	405526

BK0197PG3706



VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH LOCAL FILE NUMBER TYPE OR PRINT IN PERMANENT BLACK INK DATE OF DEATH (Month, Day, Year) ² January 11, Caro1 Jean TOWNSEND 3a. Douglas HOSPITAL OR OTHER INSTITUTION—Name (If not either, gi CITY, TOWN, OR LOCATION OF DEATH 3b. We<u>llington</u> 3935 Walker View Road
ent of Hispanic Origin? Specify | yes | no If yes,
can, Cuban, Puerto Rican, etc. 4 Female DECEDENT RACE—(e.g., White, Black, Am Indian, etc) (Specify) DATE OF BIRTH (Mo., Day, Yr.) White 62 7b. March 28, 1929 IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS MARRIED, NEVER MAR WIDOWED, DIVORCED STATE OF BIRTH (If not U.S.A., name country) CITIZEN OF WHAT COUNTR VING SPOUSE (If wife, give maid WIDOWE (Specify) 9a. Indiana SOCIAL SECURITY NUMBER USA 12 Married 12.William Townsend KIND OF BUSINESS OR INDUSTRY Kind of Work Done During Most of USUAL OCCUPATION (Give Working Life, Even if Relired) Supervisor/EKG Scanner Technology Medical RESIDENCE-STATE Road 15d. 3935 Walker View 15e. 15a. Nevada Douglas Wellington No MOTHER-MAIDEN NAME FATHER-NAME PARENTS 17. LaNette (Street or R.F.D. No., City or Town, State, Zip) Curtis James Duckworth INFORMANT—NAME (Type or Pri 18b. 3935 Walker View Road, Well Wellington, 18a. William Townsend - Husband Nevada 89444 FitzHenry's Funeral Home ^{19a.}Cremation Carson City, Nevada DISPOSITION FitzHenry's Funeral Home 833 N. City, Nevada 89701 Edmonds Drive, Carson (Signature and Title)
DATE SIGNED (Mo., Day, Yr.) (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH HOUR OF DEATH _{22b.} Jan. 22, 1997 21c CERTIFIER PRONOUNCED DEAD (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or PRONOUNCED DEAD (Hour) ON Jan. 11,1997 21d.

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 89423 LICENSE NUMBER 23a. P. Lesquereux - Deputy Coroner P.O. Box 218, Minden, Nevada DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST 221 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER/ONLY ONE (a), (b) AND (c).) Consistent With Cardio Vascular Accident DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Diabetes DUE TO, OR AS A CONSEQUENCE OF (c)
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY WAS CASE REFERRED TO CORONER (Specify Yes or No) DEATH Yes 28d PLACE OF INJURY-LOCATION STREET OR R.F.D. No CITY OR TOWN No.109106 STATE REGISTRAR This is to certify that the above is a true and correct copy of the certificate on file in this office. State Registrar JAN 2 2 1997 Date Issued:

120 MYCHYA USV 120 AVYAYA C

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
William Townsend
IN OFFICIAL RECORDS OF
DOUGLAS CO. NE VADA

'97 JAN 27 P1:46

405526BK 0 1 9 7 PG 3 7 0 7

LINDA SLATER
RECORDER

\$ PAID 2 DEPUTY