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AFFIDAVIT-DEATH OF A JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

NORMA YOUNG, of legal age, being duly sworn, deposes and says that JOHN ALBERT YOUNG, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as JOHN YOUNG named as one of the parties in that certain JOINT TENANCY DEED dated September 15, 1993, executed by PETER M. BEEKHOF, JR., President of WEST RIDGE DEVELOPMENT AND CONSTRUCTION, INC., A NEVADA CORPORATION, to JOHN YOUNG and NORMA YOUNG, husband and wife as joint tenants, recorded as Instrument Number 325378 on December 17, 1993 in Book 1293, Page 4014, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada,

LOT 143, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, FILED IN THE COUNTY OF DOUGLAS, NEVADA ON NOVEMBER 4, 1970, AS DOCUMENT NO. 50056.

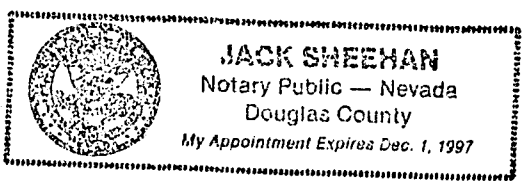
Assessor's Parcel No. 29-142-01

DATED this 26 day of Feb., 1997.

Norma Young
NORMA YOUNG

SUBSCRIBED and SWORN to before me this 26 day of Feb., 1997.

Jack Sheehan
NOTARY PUBLIC



WHEN RECORDED MAIL TO:
✓
NORMA YOUNG
1457 Tyndall Way
Gardnerville, Nevada 89410

0407611

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

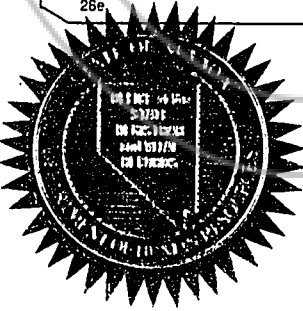
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last John Albert YOUNG			2. DATE OF DEATH (Month, Day, Year) February 2, 1997		3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1457 Tyndall Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	4. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 64	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) March 23, 1932
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY USA	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Norma Fahy
13. SOCIAL SECURITY NUMBER 9072		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teamster		14b. KIND OF BUSINESS OR INDUSTRY Bakery wagon Drivers & Salesmen Local #484	
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1457 Tyndall Way	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER—NAME First Middle Last			17. MOTHER—MAIDEN NAME First Middle Last Mae Belle Jones		
18a. INFORMANT—NAME (Type or Print) Norma Young - Wife			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1457 Tyndall Way, Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. FUNERAL DIRECTOR LICENSE NUMBER #126	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1555 Hwy 395, Minden, Nevada 89423		
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>John Kelly M.D.</i> DATE SIGNED (Mo., Day, Yr.) Feb. 4, 1997			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>John Kelly M.D.</i> DATE SIGNED (Mo., Day, Yr.)		
21b. HOUR OF DEATH 1430			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Hour)		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) John Kelly, M.D. 550 W. Washington St. Carson City, NV 89703			22d. ON		
21e. LICENSE NUMBER 6376			22e. AT		
24a. REGISTRAR (Signature) <i>Judi Lyzmatek</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 2-4-97		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <i>Pneumonia caused</i>				Interval between onset and death 8 months	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) NO	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) YES					
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE



STATE REGISTRAR

No. 107476

Yvonne Sylva

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

Date Issued: **FEB 04 1997**

0407611

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK039760142

REQUESTED BY
Jack Sheehan
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 MAR -3 P2:57

0407611

BK0397PG0143

LINDA SLATER
RECORDER
\$ 9.00 PAID K2 DEPUTY