	THIS INSTRUMENT IS BEING RECORDED AS AN. ACCOMMODATION ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO 175 REGULARITY OR IMPLIED, IS ASSUMED AS TO 175 REGULARITY OR SUFFICIENCY NOR AS TO 175 AFFECT, IF ANY, OR SUFFICIENCY NOR AS TO 175 AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED UPON TITLE TO ANY REAL PROPERTY DESCRIBED
	THEREIN. FIRST AMERICAN TITLE CO. FIRST AMERICAN TITLE CO.
1	AFFIDAVIT BY SURVIVING JOINT TENANT
2	STATE OF)
3	COUNTY OF)
4	
5	JOHN DICKENSON being first duly sworn, deposes and
6	says:
	That Affiant is the surviving spouse of ZELDA DICKENSON
7	and that the Affiant and the said ZELDA DICKENSON , decease
8	are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed
9	dated the 12 day of JANUARY 1971 under the terms of which
10	CHARLES EDWARDS AND FLORENCE EDWARDS
11	was Seller, to JOHN DICKENSON AND ZELDA DICKENSON
12	husband and wife, as Joint Tenants, upon the terms, covenants, and
13	provisions as set forth therein, said document recorded 1/15
14	19:71 in Book 82 Page 658 being Document No. 50912
15	of the Official Records in DOUGLAS County, Nevada, affecting all that
16	certain piece or parcel of land, situate in the County of Douglas, State
17	of Nevada.
18	S 1/8 OF NW 1/4 OF NW 1/4, RESERVING HOWEVER THE WESTERLY 30 FEET OF SAID PARCEL AND THE EASTERLY 85 FEET OF SAID
19	PARCEL FOR ROADWAY PURPOSES. SECTION 34, T, 14 N, R 20 E
20	APN 21-160-12
21	
22	That the said ZELDA DICKENSON one of the Grantees on
23	the Joint Tenancy Deed, died on the 2 day of thorus
24	1997 in LOS angles CO and is the identical person
25	named in the Certificate of Death. That all interest in and to said real
26	property hereinabove described, vested absolutely in Affiant as of the
27	date of decedent's death.
	John Hurs
28	SUBSCRIBED AND SWORN TO BEFORE JOHN DICKENSON me this 8 day of Quil
29	me ents 18 day of above
30	Shandon
31	NOTARY PUBLIC
32	SHARON GOODWIN Notary Public - State of Nevada
	Appointment Recorded in Douglas County MY APPOINTMENT EXPIRES, IIING 14, 1998

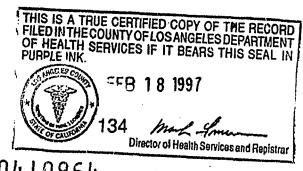
CERTIFICATE OF DEATH

		·	Her ni			CALIFORNI		A) T	ATIONS -					
STA	TE FILE NUMBER		USE BLACK	INK ONLY/NO	VS-11 (R	RES, WHITE (EV. 11/96)	OUTS OR	ALTER	ATIONS -	LOCAL I	REGISTRATION N	UMBER		
	1. NAME OF DECEDENT-FI	2. MIDDLE					3. LAST (FAMILY)							
	ZELDA			MILDRED						ICKENSON				
DECEDENT PERSONAL DATA	4. DATE OF BIRTH M M 04/05/1930	/ D D / C C Y Y	5. AGE YRS	MONTHS	DAYS	HOURS		6. sex	1	2/11/1997	MM/DD/CCYY	в. ноия 0150		
	9. STATE OF BIRTH CALIFORNIA	10. SOCIAL	SECURITY NO.	11		RY SERVICE	1		12. MARITA MARRIE		13. EDUCATION-	YEARS COMPLETED		
DATA	14. RACE	YES NO 16					6. USUAL EMPLOYER							
	CAUCASIAN YES_			<u> </u>					ABC TEL	EVISION				
	17. OCCUPATION			18. KIND OF BUSINESS							19. YEARS IN OCCUPATION			
	PUBLIC RELATION		TELEVISION							20				
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OR LOCATION 10935 LULL ST.													
				COUNTY 23. ZIP				CODE 24, YRS IN COU			UNTY 25. STATE OF	INTY 25. STATE OR FOREIGN COUNTRY		
112012-11102	SUN VALLEY		1	LOS ANGE	LES		913			66	CALIFO			
	26. NAME, RELATIONSHI	L								DUTE NUMBER, CITY OR TOWN, STATE, ZIP)				
INFORMANT	JOHN DICKENSON - HUSBAND 10935 LULL ST. SUN VALLEY, CA 91352													
	28. NAME OF SURVIVING	SPOUSE-FI	RST	29. MIDDLE				30. LAST (MAIDEN NAME)						
	JOHN			FRANK				DICKENSON						
SPOUSE	31. NAME OF FATHER—FIRST			32. MIDDLE	· · · · · · · · · · · · · · · · · · ·			33. LAST			\	34. BIRTH STATE		
PARENT INFORMATION	CECIL			RAYMOND				BARNETT 37. LAST (MAIDEN)				KANSAS 38. BIRTH STATE		
	35. NAME OF MOTHER—FIRST MILDRED			FRANCES				KNOX			\ \	IOWA		
	39. DATE M M / D D / C C	Y Y 40. PL	CE OF FINAL E					/			+ + +			
DISPOSITION(S)	02/18/1997 AT RESIDENCE OF JOHN DICKENSON 10935 LULL ST. SUN VALLEY, CA 91352													
FUNERAL	41. TYPE OF DISPOSITIO	N(S)		42. SI	GNATUR	E OF EMBA	LMER				43. LICE	ISE NO.		
DIRECTOR	CR/RES				NOT EMBALMED 45. LICENSE NO. 46. SIGNITURE OF LOCAL REGISTRAR						_ \			
LOCAL REGISTRAR	44. NAME OF FUNERAL DIERCE BROS. N		VOLUTION	45. LIC		. 46. sign	TURE OF		L REGIOTA	AR AAAAAÜL		MM/DD/CCYY /14/1997		
,	101, PLACE OF DEATH	ALIMILA	PORTUARI			SPECIFY C	And in concession, where the party of	No.	ITY OTHER T	HAN HOSPITAL:	104. COUNTY			
PLACE	PACIFICA HOSP	Γ ΤΔΤ.		I — -	- 100	-	r	CONV	RES.		, T	70.		
OF DEATH	PACIFICA HOSPITAL IP X ER/OP DOA HOSP. CARE OTHER LOS ANGELES 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 106. CITY									25				
	9449 SAN FERNANDO RD. SUN VALLEY													
	107. DEATH WAS CAUSE	D BY: (ENTER	ONLY ONE CA	USE PER LI	NE FOR	A, B, C, AN	D D)			TIME INTERVA	ET	ORTED TO CORONER		
	IMMEDIATE									X YES	NO NO			
	CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE UNK										97-01121			
										109. BIOPSY P	109. BIOPSY PERFORMED			
	DUE TO (B)	-			Page 1	_	$\overline{}$	7	<u> </u>		YES	X No		
CAUSE OF	DUE TO (C)				No.	1	,	W	The same of			X		
DEATH		-/-	/		_/	_ /		7		_	111. USED IN DE	TERMINING CAUSE		
	DUE TO (D)					1	\			2	YES	X		
	112. OTHER SIGNIFICANT	1 1	S CONTRIBUTIN	G TO DEATH	BUT NO	OT RELATED	TO CAU	SE GIVE	EN IN 107					
	NONE													
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF YES, LIST TYPE OF OPERATION AND DATE.													
	NO 114. I CERTIFY THAT TO T			115. SIGNAT	URE ANI	D TITLE OF	CERTIFIE	R		116. LICENSE I	NO. 117. DATE	MM/DD/CCYY		
PHYSI- CIAN'S	EDGE DEATH OCCURE AND PLACE STATED	ROM THE CAL	ISES STATED.	>										
CERTIFICA- TION	M M /D D / C C Y Y			118. TYPE A	TTENDIN	G PHYSICIA	N'S NAMI	E, MAIL	ING ADDRE	SS, ZIP				
HOIN			1	The Real Property lies, the Parks of the Par										
1/2	I CERTIFY THAT IN A	HOUR, DATE	AND PLACE	אטנאו 120.	AT WORK	(121. INJU	RY DATE N	4 M / D C	7/CCYY	122. HOUR 12	23. PLACE OF INJUI	ξY		
	STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)													
	X NATURAL SUICE	. []		124. DESCRI	BE HOW	NJURY OC	CURRED	(EVENT	S WHICH I	RESULTED IN IN	AJURY)	I		
CORONER'S USE	ER'S PENDING COULD NOT BE													
ONLY 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)														
\C ₁ 1														
42	126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE MM/DD/CCYY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER													
	Vilan	1 7 - 1	vac	co		2/14/19					PUTY CORONER			
STATE	АВ	С	D	E	F	G	Н	i	FAX A	UTH. #	15526	ENSUS TRACT		

REQUESTED BY FIRST AMERICAN TITLE CO. IN OFFICIAL RECORDS OF BOUGLAS CO., NEVADA

'97 APR 21 All :22

LINDA SLATER
REGORDER
SE PAID KO DEPUTY



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