

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA            )  
  )    ss.  
COUNTY OF DOUGLAS        )

HAROLD P. DAYTON, JR., being first duly sworn, deposes and says:

That Affiant and GARY A. DAYTON, deceased, were the Grantees in Joint Tenancy of that certain piece and parcel of real property located in Douglas County, State of Nevada, described as follows:

"Lot 2-3, as shown on map of Castle Rock Park, Unit #2, filed in the Office of the County Recorder of Douglas County on July 19, 1966, as Document No. 33031."

APN #05-260-38.

That GARY A. DAYTON, one of the Joint Tenant Grantees, died on the 5th day of April, 1997, and is the identical person named in that certain certified copy of the Certificate of Death, attached hereto as Exhibit "A," and incorporated herein.

That all interest in and to the above-described real property vested absolutely in Affiant, namely HAROLD P. DAYTON, JR., as of the date of Decedent's death.

DATED:     This 20 day of May, 1997.

By Harold P. Dayton  
HAROLD P. DAYTON

SUBSCRIBED AND SWORN TO before me this  
20<sup>th</sup> day of MAY, 1997.

Jeffrey K. Rahbeck  
NOTARY PUBLIC



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# 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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Gary Alan DAYTON		2. April 5, 1997	3a. Douglas County
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient (Specify)
3b. Gardnerville		3c. SR207 1/4 Mile East of Mile Marker #9	3e. 4. Male
RACE—(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 40	8. May 21, 1956
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Nevada	9b. U.S.A.	10. 16	11. Divorced
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 4181	14a. Flooring Installer	14b. Construction	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Roundhill	15d. 216 Goldhill Rd.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Harold P Dayton Jr.		17. Betty A Mitchell	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Harold P. Dayton Jr.		18b. 1442 Copper Court Reno, Nevada 89509	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Carson Sierra Crematory	19c. Carson City Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. Jimmy Bunsen	20b. 62L	20c. Society 1614 N. Curry St. Carson City, Nev. 89703	
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)		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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b.		22b. 4/28/97	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON 4/5/97	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Joseph Sanford, Deputy Coroner, P. O. Box 218, Minden, Nv.		23b. # 193	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) Judy Guarnate	24b. 5-6-97	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Multiple Chest Injuries DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Blunt Force Automobile Trauma 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.		AUTOPSY (Specify Yes or No)	
PART II		26. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a. Accident	28b. 4/5/97	28c. 2057 M	28d. Driver of Motorcycle in Collision with Automobile
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION. STREET OR R.F.D. No.	CITY OR TOWN STATE
28e.	28f. Highway	28g. SR207 1/4 Mile E. of Mile Marker #9	Gardnerville, Nevada

STATE REGISTRAR

No. 103649



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

Date Issued:

MAY 06 1997

*Yvonne Sylva*  
State Registrar

0413014

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Jeffrey Rabbit  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 MAY 22 AIO:08

LINDA SLATER  
RECORDER  
\$ 9.00 PAID to DEPUTY

✓  
RTN TO:  
JEFF RABBIT  
PO Box 435  
Zephyr Cove, NV 89448

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