

WHEN RECORDED MAIL TO:

✓ Jim Crawford
834 Foothill Road
Gardnerville, NV 89410

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

JIM TOM CRAWFORD, of legal age, being first duly sworn,
deposes and says:

That ESTIL JACK CRAWFORD and PEARL CRAWFORD, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as ESTIL JACK CRAWFORD and PEARL CRAWFORD named as parties in that certain Joint Tenancy Deed dated June 4, 1993, recorded June 11, 1993, as Document No. 309551, Book 0693, Page 2466, recorded in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada, and more particularly described as follows:

That certain portion lot or parcel of land situate, lying and being in a portion of the W 1/2 of the SW 1/4 of Section 14, T12N, R19E, MDB&M, in Douglas County, Nevada and more particularly described by metes and bounds as follows, to-wit:

Beginning at a point on the section line, said point being further described as bearing N 0 32' E as distance of 1330.50' from the section corner common to Sections 14, 15, 22 and 23, T12N, R19E; thence N 0 32' E along the section line between Sections 14 and 15 a distance of 395.70', more or less, to a point at the intersection of the proposed West Side Highway 40 foot right way of line as staked; thence S 38 39' E along the westerly side of said proposed highway right of way line a distance of 337.00' to the southeasterly corner of the parcel; thence at right angles S 51 degrees 21' W a distance of 250.00' to the southwesterly corner of the parcel; thence at right angles N 38 39' W a distance of 30.30' to the point of beginning, said parcel containing 1.04 acres, more or less.

Together with the use of water for domestic purposes from

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Barber Creek limited to that amount which will flow through a pipe not to exceed three quarters of an inch in diameter at the southerly property line of said parties of the first part, and furthermore not to exceed 3.00 acre feet per year.

APN: 19-191-01.

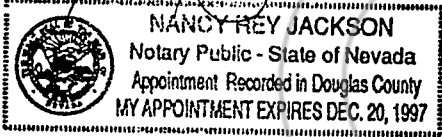
That the said decedents, ESTIL JACK CRAWFORD and PEARL CRAWFORD, are two of the grantees named in that certain said Joint Tenancy Deed and that all interest in and to said real property is vested absolutely in affiant, the remaining joint tenant, namely JIM TOM CRAWFORD.

DATED: Aug 27, 1997

Jim Tom Crawford
JIM TOM CRAWFORD

SUBSCRIBED and SWORN to before me this 27th day of August, 1997.

Nancy Rey Jackson
NOTARY PUBLIC



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	
DECEDENT	1. DECEASED—NAME First Middle Last Pearl CRAWFORD		2. DATE OF DEATH (Month, Day, Year) August 25, 1994	
	3a. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3b. COUNTY OF DEATH Douglas	
	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 834 Foothill Road		3e. SEX Female	
	5. RACE—(e.g., White, Black, American Indian, etc) (Specify) Native American		8. DATE OF BIRTH (Mo., Day, Yr.) Sept. 11, 1907	
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) California		10. Decedent's Education. Specify highest grade completed. 12	
	9b. CITIZEN OF WHAT COUNTRY U.S.A.		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	13. SOCIAL SECURITY NUMBER 0952		14. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
DISPOSITION	16. FATHER—NAME First Middle Last John Anthony		17. MOTHER—MAIDEN NAME First Middle Last Mae Longbaugh	
	18a. INFORMANT—NAME (Type or Print) Evelyn Callahan		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 294, Minden, Nevada 89423	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal—Burial		19b. CEMETERY OR CREMATORY—NAME Fredericksburg Cemetery	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nevada 89706	
CERTIFIER	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>		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>	
	21b. DATE SIGNED (Mo., Day, Yr.) 10/17/94		22b. DATE SIGNED (Mo., Day, Yr.)	
	21c. HOUR OF DEATH 1110		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) David Johnson, M. D., 1624 Library Ln., Suite B., Minden, Nv.		23b. LICENSE NUMBER 4143	
	24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 17, 1994	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) ALZHEIMERS DISEASE		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death		
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		27. AUTOPSY (Specify Yes or No) No		
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		
28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		
28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		
28i. STATE				

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

By:

No. 071301

Date Issued:

OCT 17 1994

Deputy Registrar

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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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER			
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH
DECEDENT	1. Estil Jack CRAWFORD, Sr.			2. January 26, 1997			3a. Carson City
	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)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Carson City			3c. Carson-Tahoe Hospital			3e. Inpatient
	4. Male			5. White			6. Sept. 9, 1909
PARENTS	7a. 87			7b. :		7c. :	
	8. Sept. 9, 1909			9a. Kentucky			9b. U.S.A.
DISPOSITION	10. 12			11. Widowed		12. :	
	13. 5800			14a. Retired Carpenter			14b. Building Industry
CERTIFIER	15a. Nevada			15b. Gardnerville		15c. Gardnerville	
	15d. 834 Foothill Dr.			15e. Yes			
CAUSE OF DEATH	16. France Crawford			17. Rebecca Gray			
	18a. Jim Crawford			18b. 1834 Foothill Rd., Gardnerville, Nevada 89410			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	19a. Burial			19b. Fredricksburg Cemetery		19c. Fredricksburg, California	
	20a. <i>[Signature]</i>			20c. 1281 N. Roop St., Carson City, Nevada 89706			
CAUSE OF DEATH	21a. <i>[Signature]</i>			21c. 2100		21d. Robert McDonald, M. D., 710 W. Washington, Carson City, Nevada	
	22a. <i>[Signature]</i>			22c. 2100		22d. ON	
CAUSE OF DEATH	23a. Respiratory failure			23b. 6433		23c. 6433	
	24a. <i>[Signature]</i>			24b. January 29, 1997		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death			
	PART I (a) Respiratory failure			Interval between onset and death		hours	
CAUSE OF DEATH	PART I (b) Medication?			Interval between onset and death		days	
	PART I (c) Septic			Interval between onset and death		days	
CAUSE OF DEATH	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)		26. No	
	27. Yes			27. Yes			
CAUSE OF DEATH	28a. 28b.			28c. M		28d. 28e.	
	28e. 28f.			28g. 28h.		28i. 28j.	



STATE REGISTRAR

No. 109271

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 **JAN 29 1997**

State Registrar

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COPY

REQUESTED BY
Nancy Jackson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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RECORDER
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