Keturn TO: Knni Zissa 3936 Granifeway wellington liv AFFIDAVIT BY SURVIVING JOINT TENANT STATE OF NEVADA) COUNTY OF DOUGLAS JENNIE ZISSA being first duly sworn, deposes and says: That Affiant is the surviving spouse of BILLY M. ZISSA BILLY M. ZISSA and that the Affiant and the said , deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 4 day of OCTOBER 1974 under the terms of which TOPAZ DEVELOPMENT CORP was Seller, to BILLY M. ZISSA AND JENNIE ZISSA husband and wife, as Joint Tenants, upon the terms, covenants, and provisions as set forth therein, said document recorded 10/27 19:80 in Book 1080 Page 2080 being Document No. 50090

certain piece or parcel of land, situate in the County of Douglas, State of Nevada. APN 37-472-15 LOT 19, BLOCK C AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES, of Nevada. UNIT #4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA

That the said BILLY M. ZISSA one of the Grantees on the Joint Tenancy Deed, died on the 14 day of AUGUST 19 97 in CARSON CITY, NV and is the identical person named in the Certificate of Death. That all interest in and to said real property hereinabove described, vested absolutely in Affiant as of the date of decedent's death.

SUBSCRIBED AND SWORN TO BEFORE this 20 day of JANUARY

19 /

of the Official Records in DOUGLAS

32

1

2

3

4

5

б

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

SHARON GOODWIN Notary Public - State of Nevada Appointment Recorded in Douglas County MY APPOINTMENT EXPIRES JUNE 14, 1998 /JENNIE ZISSA

County, Nevada, affecting all that

DEPARTMEN) OF HUMAN RESOURCES DIVISION OF HEALTH

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

ſ	_							CERT	FIFICA	TE O	F DEA	TH		Γ	_				
•			LOCAL FIL	LE NUMBER		•					•		STATE	FILE NU!	MBER				
TYPE OR PRINT		DECEA	SED-NAME	First		Middle			La	st			•	lonth, Day, Y	467.00		OUNTY O		
IN PERMANENT	.		A.K.A.	Will:	lam '	Marti M.	Ln		218	SA SA	1	_{2.} Au	gust	14, 1	1997	3	_{a.} Cars	son Ci	ty
BLACK INK	l	CITY, T	OWN, OR LO	CATION OF	DEATH		OR OTHER I	NSTITUTIO	N-Name (If not eithe	r, give stre	et and nun	nber)	Hosp. or in	st. indicate D t (Specify)	OA, OP/E	mer.	SEX	
DECEDENT	7.5		Carson				son-Ta						3	36. Inpa	tient		- 1	4. Male	
		5.	(e.g., White, E Indian, etc) (S White		an Was spe 6.	s Decedent of H cify Mexican, Cu	lispanic Origin uban, Puerto I	i? Specify (Rican, etc.	⊒yes2X.no	If yes, Al	GE—Last rthday (Yea L. 64	ars) MC	DER 1 YE.	YS HOU	IRS MINS	8. Oc	tobe	(Mo., Day, Yr	1932
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS		STATE OF BIRTH (If not U.S.A., name country)						Decedent's Education. Specify hi grade completed.			y highest	WIDOWED DIVORCED			1. 1.	SURVIVING SPOUSE (If wife, give maiden name)			
		_{9a.} Texas			1	_{9b.} U.S.	Α.	10. 9 Kind of Work Dane During Most of				(Specify) Married			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 Jennie McCoard			
		SOCIAL SECURITY NUMBER 13. 6474				Working Life, E	PATION (Give iven if Retired 1 Worl) }			of	14b. Lumber			JSTRY	\ \			
1		RESIDE	NCE-STATE		COUNTY		-	CITY, TO	VN, OR LO	CATION	Commence	Name of the last o	STREET	AND NUMB	EA		INSIDE (CITY LIMITS Yes or No)	
-	\cdot	_	Vevada		15b.	Douglas	3		ellin	_			100	Name and Address of the Owner o	nite V		15e. Y		·-···
PARENTS	ľ	FATHER	`—NAME	First		Middle				MOTHE	R-MAIDEI	NAME	Firs		Mid	dle .	The same	Last	
PARENTS	┖	16.		Augus				Ziss		17.		State of the local division in which the local division is not as a second division in the local division in t	Jani		-	N	SI	amek	
	1	INFORM	ANT-NAME	Type or Prin	1)			(LING ADDI			1.7%			or Town, State	796		1	
DISPOSITION		Jennie Zissa (wife) 186. 3936 Granite Way, Wellington, Nevada 89444																	
		BURIAL	. CREMATION	I, REMOVAL	, OTHER ((Specity)	CEMETERY	Y OR CREMATORY—NAME LOCATION								y or Town	7	State	la.
		19a. Cremation					19b. FitzHenry's Crematory							19c.	Cars	son (City,	Neva	da
		FUNERA (Or Pers	AL DIRECTOR	Sugh)	RE /	1	FUNERAL D	IRECTOR IMBER 26	NAME AN	ND ADDRE	SS OF FAC	ILITY F	itzHe	enry's	Carson, Nev	on Va	alley 8942	Fune:	ral
	>			t of my know	le (o L des	in)occured at the		75.	200.7110	me ,	1 22	a. On the	basis of ex	camination a	nd/or investig	ation, in r	ny opinion	death occurre	ed
		To be Completed by CERTIFYING PHYSICIAN	due to the	cause(s) sta	fed. //	Mm	11/1	el)	1	775	15	ignature 4	nd Title)	>	d due to the d	cause(s) a	ind manne	r stated.	
CERTIFIER	1	F F		NED (Mg. D		HC	UR OF DEAT	н /	/	-		ATE SIGN	ED (Mo., D	lay, Yr.J	HOU	R OF DE	ATH		
	5	YING	21b.	<u>//K/</u>	47		。0050			<u> </u>	duo 22	400			22c.				
CHILITIES	4	럂	NAME OF	ATTENDING	PHYSICIA	AN IF OTHER T	HAN CERTIFI	ER (Type o	r Print)	1	- B 등 타	RONOUNC	ED DEAD	(Mo., Day,	Yr.) PROI	NOUNCE	D DEAD (F	Hour)	
		Ĺ	21d.		and the same of th			The state of the s	h	- 7	22	d. ON			22e.	AT			
						IFIER (PHYSICI										1	NSE NUN		
			23a. J	ohn P.	Ke1	1y, MD.	, 550	W. W	ashin	gton	St.,	Car	son (City,	Nevada	a 23b.	637		
CONDITIONS	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE																		
IF ANY WHICH GAVE		24a. (Signature) Lutt / M Jacophan 24b. Magest 18, 1997 24c. YES NO 18																	
RISE TO IMMEDIATE	25. IMMEDIATE CAUSE , IENTER ONLY ONE CAUSE PER LINE FOR Ta), (b), AND TOTT														ath				
CAUSE STATING THE UNDERLYING	PART (a) () () () () () () () () ()												nkn	in					
CAUSE LAST		1	DUE TO	D, OR AS A	CONSEQU	JENCE OF:			1	V				V	U	יישעניי	ai Delween	i onset and de	aut
	.	-	(b)	2 00 10 :	COMOCO:	IENCE OF										• Interv	al hotween	onset and de	- I
-	and the same		OUE TO	O, OR AS A	LUNSEQL	JENGE OF:										•	a, delween	· Griser and Ot	,u,i1

28g. STATE REGISTRAR

28d.

LOCATION.

DESCRIBE HOW INJURY OCCURRED

No.117911

27.

CITY OR TOWN

WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes

STATE



AUSE OF

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

HOUR OF INJUR

28c

At home, farm, street, factory, offic building, etc. (Specify)

Date Issued:

(c)
OTHER SIGNIFICANT CONDITIONS—Cor

28b

DATE OF INJURY (Ma., Day, Yr.)

PLACE OF INJURY

ACC., SUICIDE, HOM., UN OR PENDING INVEST. (Specify) 28a.

INJURY AT WORK (Specify Yes or No)

AUG 1 8 1997

AUTOPSY 26. NO

STREET OR R.F.D. No.

UNITED THE LEVEL OF THE CONTROL OF T

BRO198PG2779

0430791 BK0198PG2780 REQUESTED BY

CONNIC ZISSA

IN OFFICIAL RECORDS OF

DOUBLAS TO MEYADA

'98 JAN 20 P1:32

LINDA SLATER
RECORDER

\$ 900 PAID DEPUTY