

STATE OF NEVADA )  
County of Douglas )  
ss.

Patricia R. Green, of legal age, being first  
duly sworn, deposes and says:

That John Wayne Green, the decedent mentioned in  
the attached certified copy of Certificate of Death, is the same person as  
John W. Green, named as one of the parties  
in that certain Corporation Grant Deed, dated May 28, 1992  
executed by Western Nevada Properties, Inc.  
to John W. Green and Patricia R. Green, husband and wife  
as Joint Tenants, recorded as Document No. 282350 on June 30, 1992  
Book 692, Page 5803, Douglas County, State of Nevada  
covering the following described property situated in Douglas County,  
State of Nevada, described as follows:

Lot 78, in Block A, as shown on the Official Plat of Winhaven Unit  
No. 2, Phase A, filed for record in the office of the County Recorder  
on September 14, 1990, in Book 990 of Official Records, at Page  
1934, Douglas County, State of Nevada, as Document No. 234654.

APP# 25-653-10

That the said decedent, John W. Green is one of  
the joint tenant grantees in that certain said Corporation Grant Deed  
and that all interest in and to said real property is vested absolutely in affiant,  
namely Patricia R. Green.

Dated: June 22, 1998

Patricia R. Green  
Patricia R. Green

SUBSCRIBED AND SWORN TO before me,  
a Notary Public, this 22 day  
of June, 1998

Peggy A. Elwell  
(Signature)

Name Peggy A. Elwell  
(Typed or printed)



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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

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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. John Wayne GREEN		2. March 4, 1998	3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Minden		3c. 1714 Bouganville Drive	3a. 6
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)
5. White		6.	7a. 53
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. New York		9b. U.S.A.	10. 14
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 0697		14a. Supervisor	14b. Transportation Valet Parking
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Minden
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Raymond Green		17. Ruth Norton	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Pat Green - Wife		18b. P.O. Box 1014, Minden, Nevada 89423	
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 Benson		20b. 50	20c. 1478 Fourth Street, Minden, Nevada 89423 53
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.	
21b. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)	
21c. HOUR OF DEATH		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	
23a. Dr. J.P. Kelly, 550 W. Washington St., Carson City, Nevada		23b. 6376	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) Judy I. Lyarmath		24b. 3-5-98	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) Lung Cancer		3 months	
(b)		Interval between onset and death	
(c)		Interval between onset and 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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		26. No	27. Yes
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b.		28c. M	
28a. INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28d.	
28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28e.	



STATE REGISTRAR

No. 116671

*Judith Lyarmath*

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

Date Issued: MAR 24 1998

0442874

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY  
**FIRST AMERICAN TITLE CO.**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 JUN 25 P3:38

LINDA SLATER  
RECORDER

\$ 9.00 PAID LS DEPUTY

0442871

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