to

AFFIDAVIT--DEATH OF JOINT TENANT

STATE	OF.	NEVADA	,)	
			,)	ss.
~	4				

County of Douglas

CHARLES RICHARDSON , of legal age, being first duly sworn deposes and says:

That LYNETTE A. SMITH-RICHARDSON , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LYNETTE RICHARDSON , named as one of the parties in that certain JOINT TENANCY DEED dated 05/27/87, executed by

CHARLES RICHARDSON AND LYNNETTE RICHARDSON

CHARLES RICHARDSON AND LYNETTE RICHARDSON HUSBAND AND WIFE

as joint tenants, recorded as Instrument No. 155517, on May 29, 1987, in Book 587, Page 3026, of Official Records of Douglas, County, Nevada covering the following described property situate in the County of Douglas, State of Nevada:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 26, as shown on the map of SIERRA VIEW SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960, in Book 02, Page 105, as Document No. 15897. A.P.N. 21-211-26

Dated October 23, 1998

STATE OF NEVADA

)SS.

County of DOUGLAS

This instrument was acknowledged before me on October 23, 1998 by CHARLES RICHARDSON

KEITHLEY T. HOWELL JR.

Notary Public - State of Nevada
Appointment Recorded in County of Douglas
My Appointment Expires Dec. 29, 2001

FOR RECORDER'S USE

Notary Public

0456302

BK 1298 PG 2722

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 TYPE
OR PRINT
IN
PERMANENT
BLACK INK DECEASED-NAME First Middle DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH Lynette SMITH-RICHARDSON 2 December 31, 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, OP/Emer. Rm. Inpatient (Specify) SEX Carson City Carson-Tahoe Hospital 30. Inpatient 4. Female DECEDENT RACE—(e.g., White, Black, American Indian, etc.) (Specify) AGE—Last Birthday (Years) 7a. 51 UNDER 1 YEAR UNDER 1 DAY Was Decedent of Hispanic Origin? Specify ☐ yest☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc. DATE OF BIRTH (Mo., Dav. Yr.) White March 31, 1946 7c. CITIZEN OF WHAT COUNTRY STATE OF BIRTH
(If not U.S.A., name country)
9a. California MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married Specify highest SURVIVING SPOUSE (If wife, give maiden name) IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK grade completed U.S.A. 12 charles Richardson 10. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

14a. Office Manager SOCIAL SECURITY NUMBER KIND OF BUSINESS OR INDUSTRY REGARDING COMPLETION OF 8784 14b. Chemical RESIDENCE ITEMS INSIDE CITY LIMITS (Speaty Yes or No) 15e. Yes RESIDENCE-STATE COUN CITY, TOWN, OR LOCATION STREET AND NUMBER 15a. Nevada Douglas 15d. 1558 Jones St. 15c. Minden FATHER-NAME Middle Last MOTHER-MAIDEN NAME Middle **PARENTS** Everett Hall Evelyn Costa INFORMANT-NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State Zip) 18a Charles L. Richardson 1558 Jones St., Minden, Nevada 89423 185 BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME Cremation FitzHenry's Crematory 19b Carson City, Nevada 19c. DISPOSITION FUNERAL DIRECTOR—SIGNATUR (Or Person Acting as Syct) FUNERAL DIRECTOR LICENSE NUMBER 20b. 36 NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701 20a. ➤ 20b. he time, date and place and 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. To be Completed by CERTIFYING PHYSICIAN (Signature and Title) > Willia (Signature and Title) DATE SIGNED (Mo., Qay, Yr.) HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 9 1706 21c. 22c 22b CERTIFIER NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22e. AT NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER _{23b.} 2383 ,911 Mountain St., Carson City, Nv. 23a. William O'Shaughnessy, M.D., CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST REGISTRAR DATE RECEIVED BY REGISTRAB (Mg. Day Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature) NOX 25. IMMEDIATE CAUSE Interval between onset and death day PART DUE TO. OR AS A CONSEQ DUE TO, OR AS A CONSEQUENCE OF onset and death uear. CAUSE OF OTHER SIGNIFICANT CONDITIONS WAS CASE REFERRED TO CORONER (Specify Yes or No) ibuting to death but not resulting in the underlying cause given in Part 1. AUTOPSY DEATH per tension 26. No 27. No DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. DESCRIBE HOW INJURY OCCURRED (Specify) 28a. PLACE OF INJURY—At home, larm, street, factory, office building, etc. (Specify) INJURY AT WORK (Specify Yes or No) STREET OR B.F.D. No. LOCATION CITY OR TOWN STATE 281 28g 121511 No. STATE REGISTRAR



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

Date Issued:

JAN 0 2 1998 0 4 5 6 3 0 2

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

TERN TITLE COMPANY, INC. IN OFFICIAL RECORDS OF DOUGLAS CO.. NEVADA

DEC 10 P2:55

0456302 BK 1298PG2724 LINDA SLATER ORECORDER PAIR DEPUTY