WHEN RECORDED MAIL TO:	)
SANDRA O. WILSON, ESQ.	)
1 East 1st St., Ste. 904	)
Reno, Nevada 9501	)
	)
SEND TAX STATEMENTS TO:	)
PRIMAVERA KUYKENDALL	)
2301 Oddie Blvd., #34	)
Reno Nevada 89512	)

## AFFIDAVIT OF SURVIVING JOINT TENANT

STATE	OF	Ŋ	IEVADA	)	
				)	SS
COUNTY	OF	?	WASHOE	)	

PRIMAVERA KUYKENDALL, being duly sworn, deposes and says:

Affiant and RAYMOND F. KUYKENDALL, as husband and wife, were joint tenant grantees in a certain Deed dated May 24, 1982, wherein Ronald Bell and Terry A. Bell, husband and wife, were Grantors and Primavera Kuykendall and Raymond F. Kuykendall, as husband and wife, as joint tenants were Grantees, concerning real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 12, Block J as shown on the map of Topaz Ranch Estates Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada, on February 20, 1958, Document No. 35464.

APN 37-433-12

Such Deed was recorded on August 30, 1988, in Book 888, Page No. 4663, as Document No. 185271, Official Records of Douglas County, Nevada.

RAYMOND F. KUYKENDALL died in the City of Reno, County of Washoe, State of Nevada, on March 17, 1999, and is the identical person named in the certified copy of Certificate of Death attached hereto and made a part hereof.

0464855 BK 0499PG 0452

## WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VITAL STATISTICS Reno, Nevada

				OF HUMAN RESOURCES	\
		DIVISION C	F HEALTH - SECTION		\
l R	OLL 96 IMAGE 641	716	CERTIFICATE OF	DEATH	\
	LOCAL FILE NUMBER	716 '			STATE FILE NUMBER
TYPE OR PRINT	DECEASED-NAME First	Micale	Last	DATE OF DEATH (Month, Day, Year)	
IN PERMANENT	1. Raymond	Frank	KUYKENDALL	2. March 17, 199	
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL CR OTHE	R INSTITUTION—Name (If not either,	give street and number) If Hosp, or Inst. in Rm. Inpatient (Spe	dicate DOA, OP/Erner. SEX
	<sub>зь.</sub> Reno	3c. Physic:	ians Hospital	3e. Inpa	tient .Male
DECEDENT	RACE—(e.g., White, Black, American Incian, etc.) (Specify)		_	-Last UNDER 1 YEAR UNDER HOURS	1 DAY DATE OF BIRTH Mo., Day, Yr.)
	Indian, etc.) (Specity) 5. White	specify Mexican, Cuban, Puen 6.	o Rican, etc.	MOS DAYS HOURS 7c.	September 20,1914
İ	STATE OF BIRTH	CITIZEN OF WHAT COUN			SURVIVING SPOUSE (If wife, give maken name)
FIDEATH COCCURRED IN	(If not U.S.A., name country) 9a. California	TRY	grade completed.	WIDOWED, DIVORCED	
NSTITUTION SEE HANCECCK		9b. U.S.A.	ve Kina of Work Cone During Most of	(Specify) Divorced    KIND OF BUSINESS OR INDUSTR	12.
FEGAFOING	SOCIAL SECURITY NUMBER	Working Life, Even if Retire	ed)		
COMPLETION OF RESIDENCE ITEMS	13. 2332	1-a. Ma	aster Carpenter	14b. Constructio	
, 1	RESIDENCE-STATE COL	YTAL	CITY, TOWN, OR LCCATION		2045 INSIDE CITY LIMITS (Specify Yes or No.)
<b>└&gt;</b> [	15a.Nevada :5b.	Washoe	15c. Reno	15c. Silverada	Blvd. 15e. Yes
	FATHER—NAME First	Miccie	Last MOTHER-	-MAIDEN NAME First	Middle Last
PARENTS			17.		
	16. INFORMANT—NAME (Type or Pant)		MAILING ADDRESS	Street or R.F.D. No., City or To	own. State, Zipi
				an la poule	1 G-1:fa 0/702
	18a. Gary Raymond K BURIAL CREMATION, REMOVAL, OTH	uykendall	18b. 1290 De.	Laware Street Berke	ley, California 94702 City or Town State
		IER (Specify) CEMETE		Y / /	·
Grandon Ori	19a. Cremation	·9b.	Sierra Cremato		no, Nevada
DISPOSITION	FUNERAL CIRECTOR—SIGNATURS	FUNERAL CENSE	DIRECTOR NAME AND ADDRESS	CFFACILITY John Sparks	Memorial
Ĺ	20a. > 1 mmu 1	income	20c. 644 Pyr	amid Way Sparks,	Nevada 89431
	212 72 72 72 72 72 72 72 72 72 72 72 72 72	e. ceath occurred at the time. da			investigation, in my opinion seath occurred et of the cause(s) and manner stated.
	cue to the causers) stated.			at the time, cale and place and ou	e to the causers) and manner stated.
	Signature and Tity)  DATE SIGNED (Mo., Day, Y	() I HOUR OF D	ATH	A page (Signature and Title)  DATE SIGNED .Mc Day. Yr.)  225.	HOUR OF DEATH
	21b. 7 15 45				1000
(अस्ताना अस	21b. 5/11/47		1352	PRONOUNCED CEAD (Ma.: Day: Yr.)	PRONCUNCED DEAD
CEMINE	DATE SIGNED (Mo. Day, Y NAME OF ATTENDING PHY DE CO. D.	ISICIAN IF OTHER THAN CERT	IFIER (Type or Print)	F PACINCUNCES CEAD (Mic. Day. 11)	PAGNOUNCES BEAD : 5017
[				22d. GN	22e. AT
	NAME AND ADDRESS OF		IDING PHYSICIAN, MEDICAL EXAMIN		LICENSE NUMBER
Ĺ	23a Store L PA	11(3, 20)	kermufue sted	or Reve NU FGTO.	L 236. 6596
CONDITIONS	REGISTRAR			Y REGISTRAR (Mo., Day, Yr.) DEATH DUE T	O COMMUNICABLE DISEASE
F ANY WHICH GAVE	24a. (Signature)	1d. 6/2 1	Dep. 24b. March	24 1999   24c. YEST	nc <u>x</u>
RISE TO IMMEDIATE		CNLY ONE CAUSE PER LINE		2+, 1909	Interval between criset and ceath
CAUSE		-i C	- 17 /		$C_{\alpha}$
STATING THE UNCERLYING	PART (a) POST		ulure		Interval bergeen anset and death
CAUSE LAST	DUE TO, OR AS A CON	ISEQUENCE CY	1/1	<i>(</i>	
	100 Jeve-a	Chrinic	Estructure in	-longer / 1150010	
	DUE TO, OR AS A CON	ISEQUENCE OF:		8	Interval between priset and ceath
	1				<u></u>
CAUSE OF	PART OTHER SIGNIFICANT CON	DITIONS—Conditions contributing	g to death but not resulting in the unde	riying cause given in Part *. AUTOPSY	(Specify WAS CASE REFERRED TO es or No.) CORONER (Specify Yes or No.)
जिल्लाहरू जिल्लाहरू	J. U. I.	$M = \frac{1}{2}$	U + Town	26. NO	27. NO
\	ACC., SUICIDE, HCM., UNDET., DAT	E OF INJURY IMO Cay, YET HO	UR OF INJURY DESCRIBE H	IOW INJURY OCCURRED	
\ \	OR PENDING INVEST.	7 /			
N.	280. 28b.			CTREET OR GED No.	CITY OR TOWN STATE
1	PL	ACE OF INJURY—At nome, farm building, etc. (S	street, factory, office   LCCATION.	STREET OR R.F.D. No.	CITY ON TOWN
~	281		29g.		
7					No 1/5115
<b>IN</b>		STATE B	EGISTRAR		No. 145115
	<b>尼姆特殊政治</b>	SIMIE		/ 1	Strong A
		This is to certify	Mat the above is a true	and legal copy of the certification	ate on file in this office.
			11/1/1/1/m/		
		/ /	YHA OLAMA 10 Y	0464855 <sub>Date</sub>	MAR 3 1 1990
	Dep	uty Registran	· March	Date:	
OF LOW COUNTY		WARNING IT	CHIECAL TO ALTER OR CORVI	INC DOCUMENT	

BK0499PG0453

Affiant is the sole surviving joint tenant in the abovedescribed property.

DATED this day of April, 1999.

I MMUNICA WHENLEY
Přimavera Kuykendall

STATE OF NEVADA

SS

COUNTY OF WASHOE

On the \_\_\_\_ day of April, 1999, personally appeared before me, a Notary Public, Primavera Kuykendall, personally known or made known to me by satisfactory evidence to be the person whose name is subscribed to the preceding document who acknowledged to me that she executed the document freely and voluntarily and for the uses and purposes therein stated.

Notary Public

RECORDING REQUESTED BY: SANDRA O. WILSON, ESO.

JODY SEELY
NOTARY PUBLIC
STATE OF NEVADA
WASHOE COUNTY
94-2028-23 W. Appnt. Expires June 9, 2002

Primavera Kykerdall IN OFFICIAL RECORDS OF DOUGLAS CO.. NEVADA

'99 APR -2 P12:44

**0464855** BKO499PGO454 LINDA SLATER

ORECORDER

PAID DEPUTY

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