

Noel E Manoukian  
1466 Hwy 395  
Gardnerville NV 89410

When recorded, mail to:  
Donald Lee Cooper  
1070 Helman Drive  
Gardnerville, Nevada 89410  
APN# 000023222190

**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA        )  
                                  :        ss  
COUNTY OF DOUGLAS    )

Donald L. Cooper hereby swears (or affirms) under penalty of perjury that the following assertions are true of his own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am Donald Lee Cooper, one of the trustors named in that certain Full Reconveyance recorded as Instrument No. 64833 in Book 373, Page 564, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada.
3. The property which is the subject of the above-described document is located in the County of Douglas, State of Nevada, and is more particularly described as follows:  

Lot 28, Pinenut Subdivision No. 2,  
1070 Helman, Gardnerville, Douglas County, Nevada.  
APN 000023222190
4. Rayelyn R. Cooper was one of the trustors named in said document and is the identical person named as Rayelyn R. Cooper, the decedent, in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof. I am Rayelyn R. Cooper's husband.

0470475  
BK0699PG3617



# 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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Rayelyn R. COOPER		2. May 1, 1999	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
3b. Carson City		3c. Carson-Tahoe Hospital	3e. Inpatient 4. Female
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. X	7a. 57
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. California		9b. U.S.A.	10. 16
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 5300		14a. Librarian	14b. Education
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Gardnerville
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	STREET AND NUMBER
16. Raymond Smith		17. Myrtise Wilson	15d. 1070 Helman Dr. 15e. Yes
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Donald Cooper - Husband		18b. 1070 Helman Drive, Gardnerville, Nevada 89410	
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. <i>[Signature]</i>		20b. 9	20c. Walton's Douglas County Mortuary
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.	
(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 4/04/99		22b. 22c.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0745		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Dr. E. Easley, 1107 Hwy 395, Gardnerville, Nevada 89410		23b. 7446	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>[Signature]</i>		24b. May 5, 1999	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) <i>[Signature]</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>[Signature]</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <i>[Signature]</i>		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.		26. No	27. Yes
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

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

STATE REGISTRAR

No. 145924

*Gyonne Sylva*

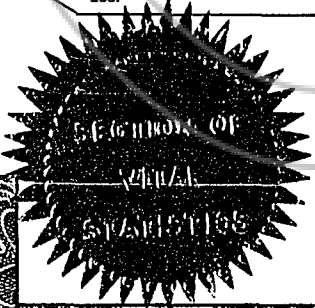
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: MAY 05 1999 0470475

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0699P63619



REQUESTED BY  
Noel Masoukian  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'99 JUN 17 A9:41

0470475

BK 0699PG3620

LINDA SLATER  
RECORDER

\$ 10<sup>00</sup> PAID K2 DEPUTY