## AFFIDAVIT - DEATH OF JOINT TENANT

APN 1220-21-810-126

EARLINE A. PATTERSON	, of legal age, being first duly sworn, deposes and says:
That JAMES E. PATTERSON	, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as JAMES E.	· · · · · · · · · · · · · · · · · · ·
named as one of the parties in that certainDEED	JULY 21, 1997
executed bySALLY A. ASKIN, AN UNMARRI	ED WOMAN
to SHARON E. PATTERSON, an unmarried woman, JA wife all together as joint tenants with right of survivorship	MES E. PATTERSON and EARLINE A. PATTERSON, husband and
	, onAUGUST 15, 1997 , ii
Book, Page	, of Official Records of Douglas
County, Nevada, covering the following described propert	
Nevada , County of I	OOUGLAS , State of Nevada:
All that real property situate in the County of Dougla Lot 319, as shown on the map of GARDNERVILLE R Recorder of Douglas County, Nevada, on March 27,	ANCHOS UNIT NO. 7. filed for record in the Office of the County
	1974, III BOOK 374, Fage 676, as File No. 72456.
A.P.N. 1220-21-810-126	
· .	
Dated November 3, 1999	
STATE OF WYOMING COUNTY OF Al May This instrument was acknowledged before me on  Mayway 5,1999  by EARLINE A. PATTERSON  Notary Public  Title Order No.00082154	S.S. EARLINE A. PATTERSON  VALERIE M. TARO-NOTARY PUBLIC County of Albany State of Wyoming My Commission Expires Mar. 9, 2003  (This area for official notarial seal)
	Escrow or Loan No.
RECORDING REQUESTED BY	BELOW THIS LINE FOR RECORDER'S USE
Western Title Company, Inc. AND WHEN RECORDED MAIL TO	
Name EARLINE A. PATTERSON	
Street 2538 E. PARK AVENUE	
city, state LARAMIE, WY 82070	

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## STATE OF WYOMING

DEPARTMENT OF HEALTH

				E OF WYO		1					
	LOCAL FILE NUMBER	LOCAL FILE NUMBER 53 CERTIFICATE OF DEATH						STATE FILE NUMBER			
TYPE OR PRINT	1. DECEDENT-NAME FIRST	M	DOLE	LA	ST		2. SEX	3. DATE OF DEATH	(Mc., Dey, Yr.)		
PERMANENT BLACK	James	E1	ton	PATTE 66. UNDER	RSON.	18/5	Male	April	10, 1999	<u></u>	
INK . FOR	4. SOCIAL SECURITY NUMBER	6a. AGE-Last Eirthday (Yaars)	a. AGE-Last Bythday 6b. UNDER 1 YEAR (YSAT) Months Days			Sc. UNDER 1 DAY ours Minutes		6. DATE OF BIRTH (Mo., Day, Yr.)			
INSTRUCTIONS SEE	-016	<del></del>	77					June 30, 1921			
HANDBOOK	7a, PLACE OF DEATH (Check only one) HOSPITAL:OTHER:										
	HOSPITAL:   HOSPITAL:   Inpatient   ER/Outpatient   DOA   OTHER:   Nameing Home   Residence   Other (Specify)     7b, FACILITY NAME (if not institution, give street and number)   7c, CITY, TOWN, OR LOCATION OF DEATH   7d, COUNTY OF DEATH										
								$V \setminus V$			
	TVINSON Memorial Hospital  B. STATE OF BRITH (W not in U.S.A., nems country)  D. WARRED, NEVER MAR WIDOWED, DIVORCE				Laramie  10. SURVIVING SPOUSE (If wife, give melden name)				LAlbany_		
DEGEDENT	Wyoming	Married Farl			riina i	line Bailev					
	11, WAS DECEDENT EVER IN U.S. (Specify yes or no)	ARMED FORCES?	12a. USUÁL OCCUI	Married Earline  12a. USUAL OCCUPATION (Che kind of work done during more of working Me, even if edited)				126. KIND OF BUSINESS OR INDUSTRY			
	Ye:	her.	Ranch				rhina				
	13a. RESIDENCE - STATE	13b. COUNTY	Rancher 136. COUNTY 136. CITY, TOWN OR LOCATION			13d. 8T	REET AND NUM	BER			
•	Wyoming	Wyoming Albany			Laramie			Park	Park		
	13e. INSIDE CITY LIMITS? (Specify yes or no)	14, WAS DECED (Specify no	ENT OF HISPANIC ORIGIN? r yes - If yes, specify an, Puerto Rican, Etc.)		15. RAC Black	15. RACE-American Indian, Black, White, Elc.		16. DECEDENT'S EDUCATION (Specify only highest grade completed)			
6		can, Puerto Rican, Etc.)	(Spe	(Specify)		ismentary/Secondary (0-12) College (1-4 or 5+)					
9 .	Yes	160727	Yes 🗆 (Specify)			White		12	2		
PARENTS	17, FATHER'S NAME First	Mk	idio Last		18. MOTHE	R'S NAME	First	Middle	Malden Surn	ACCIO	
Andrea	Will:	iam	Patte	erson	<u> </u>	E1	la		Scott	<u> </u>	
	19a INFORMANT-NAME (Type or F	rint)					196. RELATION	SHIP TO DECEDENT	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	1	
INFORMANTS	Earline Pai	tterson	In roco	CITY OR III	Name and Address of the Owner, where	STATE	Wife	ZIP CODE			
	TVC. MAILING ADDRESS			100	_				, ,	V 7	
	20s. Burial, Cremation, Removal	2538 E.		Lara:		Wyomi		8207		STATE	
	from State, Other (Specify)	1		/	1		. 11		i on iona	· \	
DISPOSITION	Burial 21a. FUNERAL SERVICE LICENSEE	4-13-19 Or Person Acting	999 Graf Number 21b. NAME OF F	<u>≥nhill</u>	Ceme	etery w	mber 21c, ADD	aramie,	_Wyoming	<u></u> `\	
	As Sych (Signature)	2/	ا بالمامة								
'	22a. To the less of my is to the cause(a) star	crowled with occurred	at the time date and place	Heggie	23a. On I	1 11	5 311	S. 21 s	t Larami	e. WY	
1	EX MAN I MAN										
	220 DATE SIGNED (Ma, Cyl. HJ 220 HOUR OF DEATH) 230 DATE SIGNED (Ma, Dey, HJ								23c. HOUR OF DE	ATH	
	(報道 (3/4/1/19) 13・35 x M				De Complesed I	< /	/		м		
GERTIFIER	22d NAME OF ATTEND	NG PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			<u>.</u> \$8 7	23d. PRONOUNCED DEAD (Ma., Day, Yr.)			23e. PRONOUNCE	D DEAD (Hour)	
	oen THE	-		ľ	7 <sub>6</sub>	-		1	M		
	24. NAME AND ADDRESS OF CERT	TFIER (PHYSICIAN OR CO	ONER)(Type or Print)		1	-					
·		Kenneth L	Roberts	on M.D	. 31	16 Wi	llett	Dr. Lar	amie. WY	82070	
	25a. REGISTRAR		The state of the s	0			266, DATE REC	EIVED BY REGISTRAF	(Mo., Dey, Yr.)		
	(Signature)	was me	Moonin	A CONTRACTOR OF THE PARTY OF TH	yuti		Upr	N. 14.	Approxima	<u></u>	
1	PART I. Enter the diseases, injuri 28. or respiratory arrest, sho	ck, or heart fallure. List only	one cause on each line.	Amount or solver.	\\	٠, ٦	V	The same of the sa	Interval Be Onset and	rtween I Death.	
	MIMEDIATE CAUSE (Final disease or condition	(1/p)	To Much	so di	:0		Prince	>	ļ		
	resulting in death) ***	DUE TO (OR	AS A CONSEQUENCE OF	caru	ar u	vjuri	reel	1			
		( Con15	y area las	Vis n	land	201			ge	M	
	Sequentially list conditions, b. COUNTAINS A CONSEQUENCE OF:										
	If any, leading to immediate cause. Enter UNDERLYING	<u> </u>			1	1			<i>7</i>		
CAUCH	CAUSE (Disease or Injury	RO) OT 3UC	AS A CONSEQUENCE OF)	:						·	
CAUSE OF DEATH	that initiated events resulting in death) LAST	L N			1				!		
	SAFT II. OTHER SIGNEFICANT CONDITIONS: Contributing in death but not related to cause given in PART I.  27. AUTOPSY (Specify   28. WAS CASE REFERRED TO CORONI year or no) (Specify year or no) (Specify year or no)										
(2)	stabeles acce	leans De	upherel u	Isala.	desc	ose	1	MO	No		
ر د	29. MANNER OF DEATH	300	DATE OF INJURY (#Onth, Day, Year)	306. TIME OF INJURY	30c BU	URIY AT WORK? ecify yes or no)	30d. DE6	RIBE HOW INJURY O	OCCURRED		
\$ 3.89 \$ WE 3.89	Natural Pendi	v v	The state of the s	and the same of th							
S.	Accident	gation			М	No					
VR 2-89	Sulcide Could	not be nined	PLACE OF INJURY-At hom office building, etc. (Specify	e, farm, street, lac	lory,	30	of LOCATION (St	eet and Number or Ru	ral Route Humber, City	or Town, State)	
4/94 15M	Homicide	med		and the same of th							
		-					-				
		67%									

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Jucinda M Vaffrey
Lucinda McCaffrey
Deputy State Registrar

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REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO. HEVADA

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