

# AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada,

ss.

County of Carson City

JANET E. MOORE, of legal age, being first duly sworn, deposes and says: That NORBERT F. MOORE, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as NORBERT F. MOORE named as one of the parties in that certain Grant, Bargain and Sale Deed dated December 3, 1993 executed by NORBERT F. MOORE AND JANET E. MOORE, TRUSTEES OF THE MOORE FAMILY 1992 TRUST to NORBERT F. MOORE AND JANET E. MOORE, as joint tenants, recorded as Instrument No. 324470 on December 8, 1993 in Book 1293, Page 1670 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada.

Lot 55, as shown on the Official Map of SIERRA ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 27, 1960, in Book 1 of Maps, as Document No. 16665.

Dated: 1/11/00

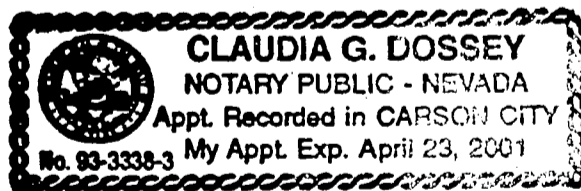
Janet E Moore  
JANET E. MOORE

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 11<sup>th</sup> day of January 2000,  
WITNESS my hand and official seal.

Signature Claudia G. Dossey

Claudia G. Dossey  
Name (Typed or Printed)



When Recorded Please Mail To:

Janet E. Moore  
28 San Miguel  
Camarillo, CA 93010

0486437  
BK0200PG2647

# 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

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. Norbert F. MOORE			2. September 4, 1999			3a. Douglas								
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			II Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			SEX					
3b. Carson City			3c. 3667 Shawnee Drive			3e.			4. Male					
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)			DATE OF BIRTH (Mo., Day, Yr.)					
5. White			6.			7a. 75			8. April 27, 1924					
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)		
9a. Missouri			9b. U.S.A.			10. 12			11. Married			12. Janet Jones		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY								
13. [REDACTED] 9144			14a. Pilot			14b. Aviation Industry								
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)						
15a. Nevada		15b. Douglas		15c. Carson City		15d. Shawnee Drive		15e. Yes						
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
16. Alexander Moore			17. Anna Friedrichs											
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)											
18a. Janet Moore			18b. 3667 Shawnee Drive, Carson City, Nevada 89705											
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State								
19a. Cremation			19b. Walton's 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 Bunsen			20b. 9			20c. 1281 North Roop St., Carson City, Nevada 89706								
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			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)											
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH					
21b. 9/7/99			21c. 2247			22b.			22c.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)								
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. Pierczynski, 1001 N. Mountain St., Carson City, NV 89703						23b. 3462								
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
24a. (Signature) Vera R. Hopkins			24b. Sept. 8, 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) Cardiac emergency event						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death								
(b) COPD						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death								
(c) CCF						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)					
26. No						27. Yes								
ACC., SUICIDE, HOM., UNDER OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED								
28a.		28b.		28c.		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.										



STATE REGISTRAR

No. 149883

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

*Yvonne Sylvia*

Date Issued:

SEP 08 1999 486437

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
**MARQUIS TITLE & ESCROW, INC.**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 FEB 16 PM 3:40

LINDA SLATER  
RECORDER

\$ 9.00 PAID QU DEPUTY

0486437

BK0200PG2649