

**AFFIDAVIT - DEATH OF JOINT TENANT**

APN 1220-21-610-204

MARY L. ADKINS, of legal age, being first duly sworn, deposes and says:  
 That JAMES K. ADKINS, the decedent mentioned in the attached certified copy  
 of Certificate of Death, is the same person as JAMES K. ADKINS  
 named as one of the parties in that certain DEED dated DECEMBER 10, 1986  
 executed by H & S CONSTRUCTION, INC.  
 to JAMES K. ADKINS AND MARY L. ADKINS HUSBAND AND WIFE  
 as joint tenants, recorded as Instrument No. 147476, on DECEMBER 29, 1986, in  
 Book 1286, Page 3472, of Official Records of DOUGLAS  
 County, Nevada, covering the following described property situated in the City  
GARDNERVILLE, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 501 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

A.P.N. 1220-21-610-204

Dated FEBRUARY 25, 2000

STATE OF NEVADA  
 COUNTY OF Douglas

} Mary L. Adkins  
 S.S. MARY L. ADKINS

This instrument was acknowledged before me on  
02/28/00  
 by MARY L. Adkins



Danielle E. Curtis  
 Notary Public

(This area for official notarial seal)

Title Order No. 00082721 Escrow or Loan No. \_\_\_\_\_

SPACE BELOW THIS LINE FOR RECORDER'S USE

**RECORDING REQUESTED BY**  
**Western Title Company, Inc.**  
**AND WHEN RECORDED MAIL TO**

Name MARY L. ADKINS  
 Street Address 699 BLUEROCK ROAD  
 City, State Zip GARDNERVILLE, NV 89410

0487183

BK0300PG0182

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN JAMES KENNETH ADKINS				2. SEX MALE	3. DATE OF DEATH SEPTEMBER 14, 1994
4. DATE OF BIRTH APRIL 4, 1930		5. AGE (IN YEARS) 64	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) HOMINY, OKLAHOMA		7. SOCIAL SECURITY NO. [REDACTED]-2301
8. RACE CAUCASIAN		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 16		12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MARY LOU JUSTUS	
14a. DECEDENT'S USUAL OCCUPATION CONTRACT SPECIALIST		14b. KIND OF BUSINESS OR INDUSTRY AEROSPACE			
15a. RESIDENCE STREET ADDRESS 15711 FIRTHRIDGE COURT.				15b. CITY OR TOWN WEBSTER	
15c. COUNTY HARRIS		15d. STATE TEXAS		15e. ZIP CODE 77598	
16. FATHER'S NAME BOYD ADKINS		17. MOTHER'S MAIDEN NAME NELLIE LOGAN			
18. PLACE OF DEATH (CHECK ONLY ONE)					
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)					
19. COUNTY OF DEATH HARRIS		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) WEBSTER		21. NAME OF HOSPITAL OR INSTITUTION (If not in Institution, show street address) CLEAR LAKE REGIONAL	
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Mrs. James K. Adkins</i> - WIFE				23. MAILING ADDRESS OF INFORMANT 77598 15711 FIRTHRIDGE COURT WEBSTER, TEX,	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) OAK HILL CEMETERY		26. LOCATION (CITY, STATE) SAN JOSE, CALIFORNIA	
		27. DATE OF DISPOSITION 9-19-1994		28. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LARRY ROWE # 4567 <i>Larry Rowe</i>	
29. NAME & ADDRESS OF FUNERAL HOME JACK ROWE FUNERAL HOME 1625 EAST MAIN LEAGUE CITY, TEXAS 77573					
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE }					
31. SIGNATURE & TITLE OF CERTIFIER <i>George Marcum</i>				32. DATE SIGNED MO DAY YEAR 9 15 94	
33. TIME OF DEATH 5:45 A.M.					
34. PRINTED NAME & ADDRESS OF CERTIFIER DR. GEORGE MARCUM M.D. 302 S. HWY 3 LEAGUE CITY, TEXAS 77573					
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MOODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>hypostatic pneumonia</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): <i>Severe alcoholic embolism</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): DUE TO (OR AS A LIKELY CONSEQUENCE OF):					Approximate Interval Between Onset and Death
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) <i>Chronic ethanol abuse</i>					36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
39. WAS DECEDENT PREGNANT AT TIME OF DEATH? WITHIN LAST 12 MO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M.	
		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)					
41f. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 02 12721		42b. DATE RECEIVED BY LOCAL REGISTRAR SEPT 20, 1994		42c. SIGNATURE OF LOCAL REGISTRAR <i>R.W. Hanks</i>	

Texas Department of Health - Bureau of Vital Statistics  
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)  
VS-112 REV. 7/93

2046576

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS )  
COUNTY OF HARRIS ) ss. DATE ISSUED 20 SEP 1994

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

*R.W. Hanks*  
R. W. Hanks, Registrar  
BUREAU OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
LAMINATION MAY VOID CERTIFICATE.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

2000 MAR -1 PM 4: 03

LINDA SLATER  
RECORDER

*S. J. S.* PAID *DEPUTY*

0487183

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