WHEN RECORDED MAIL TO: MAIL TAX DOCUMENTS TO:

Mary Jean Nystrom 1320 Job's Peak Drive Gardnerville, NV 89410

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
	SS.
COUNTY OF DOUGLAS	·)

COMES NOW, MARY JEAN NYSTROM, and after first being duly sworn, deposes and states under the pains and penalties of perjury, and pursuant to the requirements of NRS 111.365, as follows:

- 1. BRUCE JAMES NYSTROM and MARY JEAN NYSTROM were husband and wife until the date of death of BRUCE JAMES NYSTROM in November of 1999 in Gardnerville, Douglas County, Nevada. A certified copy of the Certificate of Death is attached hereto as Exhibit "A" and incorporated herein as if set forth in full. Upon the death of BRUCE JAMES NYSTROM, MARY JEAN NYSTROM became the surviving joint tenant of that property identified hereinbelow.
- 2. At the time of death of BRUCE JAMES NYSTROM, BRUCE JAMES NYSTROM and MARY JEAN NYSTROM owned the fee title interest in and to that certain property described as follows:

"Lot 184, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on June 1, 1965, as Document No. 28309, and the Amended Title Sheet filed on June 4, 1965, as Document No. 28377

A copy of the Grant, Bargain and Sale Deed to BRUCE JAMES NYSTROM and MARY JEAN NYSTROM is attached hereto as Exhibit "B" and incorporated herein as if set

0496958 BK0800PG0168 forth in full.

3. By virtue of the death of BRUCE JAMES NYSTROM in Gardnerville, Nevada in November of 1999, your Affiant declares that all of the right, title and interest in and to the property described hereinabove, and in Exhibit "B" attached hereto, shall be vested solely in her as the surviving joint tenant, the decedent's spouse, by virtue of the recordation of this Affidavit, and pursuant to the provisions of NRS 111.365.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

MARY JEAN MYSTROM

ACKNOWLEDGEMENT

STATE OF NEVADA) : ss. COUNTY OF DOUGLAS)

On July <u>51</u>, 2000, before me, the undersigned, a Notarial Officer in and for the State of Nevada, personally appeared MARY JEAN NYSTROM, known (or proved) to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

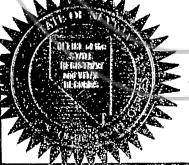
KIM S. LEAVITT
Nictary Public - Nevada
Churchill County
95-0980-4
My Appointment Expires Jenuary 31, 2004

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

	•		OE 10, 0. 2.		STATE FILE NUMBER
TYPE /	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
OR PRINT		James	NYSTROM	2 November 8, 1999	3a. Douglas
PERMANENT BLACK INK	1. Bruce CITY, TOWN OR LOCATION OF DEAT		INSTITUTION—Name (If not either, give s		
	3b. Gardnerville	3c. 1321 Jo	hs Peak	3e.	4. Male
ECEDENT	BACE—(e.g. White Black American	Was Decedent of Hispanic Orig	in? Specify ☐ yes 🔀 no If yes, AGE—La		DATE OF BIRTH (Mo., Day, Yr.)
	Indian, etc.) (Specify) 5. White	specify Mexican, Cuban, Punto 6.	Rican, etc. Birthday 7a. 55	(Years) MOS DAYS HOURS MINS 7b. 7c.	8 November 9, 1943
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COUN-	Decedent's Education. Specify highes	t MARRIED, NEVER MARRIED, SU WIDOWED, DIVORCED	RVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN INSTITUTION	(If not U.S.A., name country) 9a. California	TRY 9b. U.S.A.	grade completed.	(Specify)	Mary Jean Meyer
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER		e Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
COMPLETION OF RESIDENCE ITEMS	13. 5153		1 Representative	14b. Office Equipmen	nt
		UNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
└	15a. Nevada	Douglas	15c. Gardnerville	15d 1321 Jobs Pea	k 15e. Yes
VIDENTO	FATHER—NAME First	Middle	Last MOTHER—MAI	DEN NAME First Mic	idle Last
PARENTS	16. Herbert	e was the	Nystrom 17.	Jean	Boston
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town, Sta	
	18a. Mary Jean Nyst	rom - Wife		eak, Gardnerville, Ne	evada 89410 State
	BURIAL, CREMATION, REMOVAL, OTI		Y OR CREMATORY—NAME Walt	on s	,
ISPOSITION	19a. Cremation		arson Sierra Crema		
ioi conton	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL LICENSE I	NUMBER	Capitor Gity Gre	•
_	> 20a. > //////////////////////////////////	M) (20b. 9		14 N. Curry St. Carso	
	21 i. To the best of my knowledge due to the cause(s) stated	e death occurred at the time, date		at the time, date and place and due to the	
	21b. To the best of thy knowledge due to the cause(s) stated (Signature and Title) DATE SIGNED (Mo Day) 21b. 11/09/9 NAME OF ATTENDING PH	HOUR OF DE	ATH DE STATE	(Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOU	JR OF DEATH
	DATE SIGNED (MO., Day,	7	d v	22b. 22c	
ERTIFIER	$\begin{array}{ccc} 02 & 21b. & 11/09/0 \\ \hline NAME OF ATTENDING PH \end{array}$	21c. 09 YSICIAN IF OTHER THAN CERTI	JJ 0 5	PRONOUNCED DEAD (Mo., Day, Yr.) PRO	ONOUNCED DEAD (Hour)
	THE WANT OF WILLIAMS IN	TOTO IN THE CONTRACT OF THE			.=
		CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN. MEDICAL EXAMINER,	22d. ON 22e OR CORONER). (Type or Print.)	LICENSE NUMBER
į				te B, Minden, NV.894	23 ^{23b.} 4143
CONDITIONS	REGISTRAR /	mson M.D. 1024	DATE RECEIVED BY RI	GISTRAR (Mo., Day, Yr.) DEATH DUE TO COM	MUNICABLE DISEASE
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	. R Kall	24b. Meregy ((01 11) 1999 24c. YES□ N	
RISE TO IMMEDIATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONLY ONE CAUSE PER LINE F	OR/(a), (b), AND (c).)	7	Interval between onset and death
CAUSE STATING THE	PART (a) Melas		1 Cancer to I	une.	:
JNDERLYING CAUSE LAST	DUE TO, OR AS A COL	NSEQUENCE OF:			Interval between onset and death
	(b)				•
7	DUE TO, OR AS A CO	NSEQUENCE OF:			Interval between onset and death
	(c)				:
CAUSE OF	PART OTHER SIGNIFICANT CON	NDITIONS—Conditions contributing	to death but not resulting in the underlying	cause given in Part 1. AUTOPSY (Specifyes or No.	
Ma (mid) A. 555	"			26. NO	^{27.} Yes
	ACC., SUICIDE, HOM., UNDET., DA	TE OF INJURY (Mo., Day, Yr.) HOL	JR OF INJURY DESCRIBE HOW	INJURY OCCURRED	
	(Specity) 28a. 28t				
\	INJURY AT WORK (Specify Yes or No)	ACE OF INJURY—At home, farm, building, etc. (Sp.	street, factory, office LOCATION. ecify)	STREET OR R.F.D. No. CITY	OR TOWN STATE
1	28e. 28	1 1 11	28g.		
/		/ /		Ne). 145978
*		STATE RI	EGISTRAR	146	
		///			promise of the second
_3/	THE PARTY OF THE P			<i>f</i>	



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

NOV 1 0 1999 Date Issued:

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

MANOUKIAN, SCARPELLO & ALLING, LTD. ATTORNEYS AT LAW

BK 0 8 0 0 PG 0 1 7 1 BOUK 4'76 MALE 6'24

REQUESTED BY LAWYERS TITLE INS. CORP. IN OFFICIAL RECORDS OF # 4. ooped

76 APR 14 P3: 56

PATRICIA J. WILLIAMS deputy

RECORDER

REQUESTED BY lowe & Hales LLP IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2000 AUG -1 PM 1: 44

LINDA SLATER RECORDER

\$ 100 PAID BCDEPUTY

89570

BOUK 476 PAGE 675

0496958 BK0800PG0172