1	ATTIDAVII BY SURVIVING JOINI IENANI						
2	STATE OF NEVADA)						
3	COUNTY OF DOUGLAS)						
4	GRACE L. NAVES being first duly sworn, deposes and						
5	says:						
6	That Affiant is the surviving spouse EARL W. NAVES						
7	and that the Affiant and the said EARL W. NAVES , decease						
.8	are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed						
9	dated the 15TH day of MAY 1990 under the terms of which						
10	CATHERINE JOHNSTON						
11	was Seller, to <u>EARL W. NAVES</u> and GRACE L. NAVES						
12	husband and wife, as Joint Tenants, upon the terms, covenants, and						
13	provisions as set forth therein, said document recorded JUNE 26, 1990						
14	139X in Book 690 Page 3602 being Document No. 228886						
15	of the Official Records in DOUGLAS County, Nevada, affecting all that						
16	certain piece or parcel of land, situate in the County of Douglas, State						
17	of Nevada.						
18 19	LOT 21 IN BLOCK G AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, CN NOVEMBER 16, 1970, IN BOOK 1 CF MAPS, Page 224, AS DOCUMENT NO. 50212.						
20							
21							
22	That the said EARL W. NAVES one of the Grantees on						
23	the Joint Tenancy Deed, died on the 23rd day of DECEMBER						
24	1% 2000 in WELLINGTON, DOUGLAS CO, NEVADA and is the identical person						
25	named in the Certificate of Death. That all interest in and to said real						
26	property hereinabove described, vested absolutely in Affiant as of the						
27	date of decedent's death.						
28	Grace L. Maves						
29	subscribed and sworn to before GRACE X NAVES me this 19,000 CRACE X NAVES						
30	19,2000						
31	MOTARY PUBLIC JUDITH L. PEREZ						
32	WHEN RECORDED MAIL TO WHEN RECORDED MAIL TO Notary Public - State of Nevada Appointment Recorded in Douglas County No: 99-10586-5 - Expires Neverther 31, 2003						
	3890 GRANTTE WAY —— WELLINGTON, NV 89444						

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	1			Δ	STATE FILE NUMBER
OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Mont	h, Day, Year)	COUNTY OF DEATH
IN PERMANENT BLACK INK	1. Earl CITY, TOWN OR LOCATION OF E	Wayne EATH HOSPITAL OR OTH	NAVI ER INSTITUTION—Name (<i>If not eith</i>	er, give street and number) If H	osp. or Inst. indicate DC	3a. Douglas OA, OP/Emer. SEX
OF OF DEALER	3b. Wellington	3c. 3890 G	ranite Wav	3e.	Inpatient (Specify)	4Male
DECEDENT	RACE—(e.g., White, Black, Americal Indian, etc.) (Specify)	an Was Decedent of Hispanic C	Origin? Specify I ves I no If ves.	AGE—Last UNDER 1 YEAR		DATE OF BIRTH (Mo., Day, Yr.)
	5. White	specify Mexican, Cuban, Pue	· ·	Birthday (Years) MOS DAYS 7a. 81 7b.	HOURS MINS	80-4 22 1010
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COL	JN- Decedent's Education. Specif	v highest MARRIED, NEVER MA	ARRIED. SUB	8. Oct. 23, 1919 RVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN INSTITUTION	(If not U.S.A., name country) 9a. Texas	TRY 9b. II C A	grade completed.	WIDOWED, DIVORCE (Specify) Marr	D	\ .
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most		OR INDUSTRY	Grace Ward
COMPLETION OF RESIDENCE ITEMS	13. 3777	Working Life, Even if Re		14b. Const	ruction	\
1	RESIDENCE—STATE	COUNTY CATE	enter CITY, TOWN, OR LOCATION	STREET AN		LINSIDE CITY LIMITS
└ ▶	√ ^{15a.} Nevada	15h Danalas	15c. Wellington	154 290	O Granite	(Specify Yes or No)
	FATHER—NAME First	15b. Douglas Middle		R—MAIDEN NAME First	Mide	
PARENTS	16. Crozon		Nave 17	Dept		
•	16. Grover INFORMANT—NAME (Type or Prin	C.	Nave 17.	Dee1	No., City or Town, State	Miller
	189 Conner Manage		10h 2000 C		•	\ /
	18a. Grace Naves BURIAL, CREMATION, REMOVAL,	OTHER (Specify) CEMET	ERY OR CREMATORY—NAME	nite Way, Welli		Vada 89444 or Town State
DISPOSITION	Cremation FUNERAL DIRECTOR—SIGNATOR		alton's Sierra (Srematory 190	Carson C	ity, Nevada
	(Or Person Acting as Such)	LICENS		SS OF FACILITY Capital		
		ledge, death occurred at the time, d		No. Curry, Carso		evada 89/03 ation, in my opinion death occurred
	due to the cause(s) stat	ed.	7 2	l at thoutime date and	place and due to the c	ause(s) and manner stated.
į	(Signature and Title) DATE SIGNED (Mo., Date Signature)	HOUR OF	DEADE	A so (Signature and Title) DATE SIGNED (Mo., Day	Vel Hou	R OF DEATH
	00 00 01 21b.	12		E.S.		NO. BEATT.
CERTIFIER	NAME OF ATTENDING	PHYSICIAN IF OTHER THAN CEF	550 RTIFIER (Type or Print)	PRONOUNCED DEAD (A	22c.	NOUNCED DEAD (Hour)
	Page 10 the best of my (know due to the cause(s) state (Signature and Title) DATE SIGNED (Mo., Date of the cause (s) state (Signature and Title) DATE SIGNED (Mo., Date of the cause (s) state (Signature and Title) NAME OF ATTENDING 21d.			P	7.110	ייסטויטבט טבאט (ויוטטי)
		OF CERTIFIER (PHYSICIAN, ATTE	ENDING PHYSICIAN, MEDICAL EXAM	AINER, OR CORONER), (Type of P.	22e.	AT LICENSE NUMBER
Į			and the second of the second o	No. 196 197		.
CONDITIONS	REGISTRAR EVAI	n W. Easley, M.	D., 1107 Hwy. 39	D BY REGISTRAR (Mo., Day, Yr.)	PEATH DUE TO COMM	23b. 7446
IF ANY WHICH GAVE	24a. (Signature)	n K. C	24b. Dec			
RISE TO IMMEDIATE		TER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c)	100,000	24c. YES NO	Interval between onset and death
CAUSE STATING THE			()		e
UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS A	CONSEQUENCE OF:	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> 4 ~ </u>	·	Interval between onset and death
			the state of	10		e
-	DUE TO, OR AS A	CONSEQUENCE OF:		X	<i>n</i>	Interval between onset and death
		0	0.4	E & O.	1	•
CAUSE OF	PART OTHER SIGNIFICANT (CONDITIONS—Conditions contributi	ing to death but not resulting in the un	deriving cause given in Part 1. AU	OFSY (Specify	WAS CASE REFERRED TO
DEATH	/ ''ii''				Yes or No)	CORONER (Specify Yes or No)
	ACC., SUICIDE, HOM., UNDET.,	DATE OF INJURY (Mo., Day, Yr.) He	OUR OF INJURY DESCRIBE	26. E HOW INJURY OCCURRED	No	^{27.} Yes
	OR PENDING INVEST.	0	3c, M 28d.			
\	28a. INJURY AT WORK	PLACE OF INJURY—At home, far		N. STREET OR R.F.D.	No. CITY O	R TOWN STATE
1	(Specify Yes or No)	building, etc. (-28f.	Specify) 28g.		5	
\ \ \			zoy.			
	ACC OF MONEY	/ /			No	<u>.1</u> 59799
	A DE MESSA IN SE	/ /		1.		and the second
34	STATE IN SECTIONS	///	STATE REGISTRA	R Mrs	mme \	and show
	LE CLEARS				nne S	
2021 (E)		48		▼		- 7

This is to certify that the above is a true and correct copy

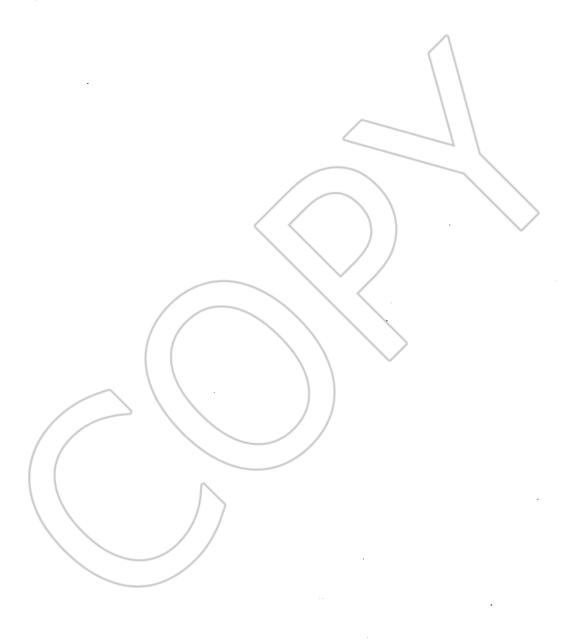
of the certificate on file in this office.

Date Issued:

0506001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



REQUESTED BY

IN DEFICIAL RECORDS OF DOUGLAS COLLMEYADA

2000 DEC 29 PM 2: 40

LINDA SLATER RECORDER PAID () DEPUTY

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