

16-
APN 1420-34-710-034

Joan E. Reid
ATTORNEY AT LAW
711 EAST WASHINGTON STREET
P.O. BOX 3676
CARSON CITY, NEVADA 89702

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
CARSON CITY)

I, OTHRINE J. WARNE, first being duly sworn, depose and say as follows:

1. I am the surviving spouse of JOHN D. WARNE who died in Carson City, Nevada, on October 8, 1988, as indicated in the certified Certificate of Death affixed hereto and made part hereof by this reference.

2. Affiant and said JOHN D. WARNE held real property as joint tenants by Deed recorded on July 20, 1973, in Book 773, Page 661, as Document No. 67656, in the official records of Douglas County, State of Nevada.

3. Such property, commonly known as 1520 Jones Street, Minden, Nevada 89423, is situated in Douglas County, State of Nevada, and is more particularly described as:

Lot 33, as shown on the map of SIERRA VIEW SUBDIVISION, filed in the office of the recorder of Douglas County, Nevada.

Dated this 14th day of November, 2001.

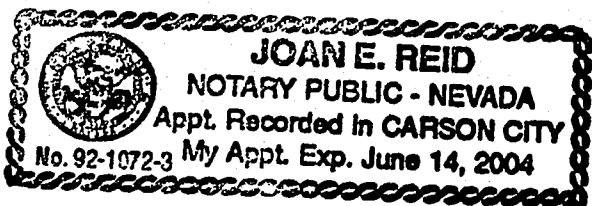
Othrine J. Warne
OTHRINE J. WARNE, Surviving Tenant

Signed and sworn to before me on

November 14, 2001, by
Othrine J. Warne

Joan E. Reid
Notary Public

My commission expires *6/14/04*



0529242

BK1201PG0902

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	LOCAL FILE NUMBER			STATE FILE NUMBER					
	1. DECEASED—NAME First Middle Last John David WARNE			2. DATE OF DEATH (Month, Day, Year) October 8, 1988		3a. COUNTY OF DEATH Carson City			
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 712 E. Musser		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.			
DECEDENT	4a. RACE—(e.g., White, Black, American Indian, etc) (Specify) White		4b. ETHNIC American	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR MOS : DAYS :	5c. UNDER 1 DAY HOURS : MINS :	6. DATE OF BIRTH (Mo., Day, Yr.) January 25, 1916	7. SEX Male	
	8. STATE OF BIRTH (If not U.S.A., name country) Texas		9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Othrine Graham		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
	13. SOCIAL SECURITY NUMBER 2637		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Mining Engineer			14b. KIND OF BUSINESS OR INDUSTRY U.S. Bureau of Mines			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15a. RESIDENCE—STATE Nevada		15b. COUNTY Carson City	15c. CITY, TOWN, OR LOCATION Carson City		15d. STREET AND NUMBER 712 E. Musser		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER—NAME First Middle Last John Garnett Warne			17. MOTHER—MAIDEN NAME First Middle Last Florence Shanley					
	18a. INFORMANT—NAME (Type or Print) Othrine Warne			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 712 E. Musser Carson City, Nevada 89701					
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Mountain View Cemetery		19c. LOCATION City or Town State Reno Nevada				
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>William Walton</i>		20b. NAME AND ADDRESS OF FACILITY Walton's Funeral Home 1281 N. Roop St. Carson City, Nv.						
CERTIFIER	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) <i>Michael Johnson MD</i>			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) stated. (Signature and Title) <i>William Walton</i>					
	21b. DATE SIGNED (Mo., Day, Yr.) 10/10/1988		21c. HOUR OF DEATH 3:19 AM		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Michael Johnson MD, 175 W. 6th St, Reno, Nevada 89504			22d. ON			22e. AT		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <i>Bill McLaughlin</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 10, 1988		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)								
	PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death months				
		(b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death years					
		(c)		Interval between onset and death					
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) COP Pulmonary, Multiple Arrhythmias			26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
	28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED				
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE				

VITAL RECORDS

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

By:

William Walton N# 80675

Date Issued:

OCT 10 1988

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

529242

BK 1201 PG 0903

COPY

REQUESTED BY
Joan E Reid
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC -4 AM 11:47

LINDA SLATER
RECORDER

\$16⁰⁰ PAID to DEPUTY

0529242
BK 1201 PG 0904