16

APN: -37-244-03- 1022-10-002-082

AFFIDAVIT - DEATH OF JOINT TENANT

JEANNETTE LEILA GRANADOS	, of legal age, being first duly sworn, deposes and says:
That JESUS D. GRANADOS	, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person asJESS	S D GRANADOS
named as one of the parties in that certain INDIVID	UAL GRANT DEED dated May 19, 1995
executed by JOSEPH D. ROYBAL, a married man	as his sole and separate property
to _ JESS D GRANADOS AND JEANNETTE LEILA	GRANADOS, husband and wife as joint tenants with right of survivorship
as joint tenants, recorded as Instrument No. 000 36	., on <u>May 30, 1995</u> , in
Book <u>0595</u> , Page <u>4737</u>	, of Official Records of <u>Douglas</u>
County, Nevada, covering the following described pr	operty situated in the TOPAZ RANCH ESTATES
, Coun	ty of DOUGLAS , State of Nevada:
	ANCH ESTATES UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF TY, STATE OF NEVADA, ON FEBRUARY 20, 1967, IN BOOK 47, PAGE
That the value of all real and personal property own described, did not then exceed the sum of \$	ed by said decedent at date of death, including the full value of the property
Dated 1-23-03	
STATE OF NEVADA COUNTY OF Dowglas	S.S. JEANNETTE LEILA GRANDOS
This instrument was acknowledged before me on 23 Day of January	
by <u>Seannette Liela Grand</u> Notary Public	NOTARY PUBLIC STATE OF NEVADA County of Douglas SANDRA STILL My Appointment Expires October 29, 2006
	(This area for official notarial seal)
Title Order No,VAL	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 JEANNETTE LEILA GRANADOS Street P O BOX 833	
City,State MINDEN NV 89423	

0564881

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 NUMB	ER									·	s	TATE FILE N	JMBER	
TYPE OR PRI		DECEASED—NAME First		Middle	Middle Last					DATE OF DEATH (Month, Day, Year)					COUNTY OF DEATH	
IN PERMAN	ENT	ı. Jesus						² January 20, 2003						son City		
BLACK	INK	CITY, TOWN OR LOCATION OF	F DEATH	HOSPITAL	or other in	ISTITUTION-	-Name (If not e	ither, give stree	treet and number) If Hosp. or Inst. indicate DC Rm. Inpatient (Specify)					OP/Erner.	SEX	
DECEDE	NT	³⁶ Carson City	 	3c Car	son T	ahoe H	lospita	1		- 1	3e.	Inpati	ent		4. Male	
C 3-03-32		RACE—(e.g., White, Black, Ame Indian, etc.) (Specify)		Decedent of His ify Mexican, Cut	spanic Origin? oan, Puerto R	Specify LXV ican, etc.	es □ no If yes,		ars) N	INDER 1 Y	LYS	HOURS : N	IINS D	ATE OF BIRT	H (Mo., Day, Yr.)	
	Ì	5 White	6.	Mex	ican			7a. 78	7b.			7c.	8,	ebrua	ry 15, 1924	
IF DEATH	H Day	STATE OF BIRTH (If not U.S.A., name country)	- 17	TIZEN OF WH		grade comp			WIDOW	ED, NEVER			SURVIV	ING SPOUSE (I wile, give maiden name	,
NSTITUTE SEE HANDE	ON DOK	9a California SOCIAL SECURITY NUMBER	9	⊎ U.S.A		10.	12	2	(Specif)	TIGIT	rie	<u>d</u>	12Je	annett	e Riggert	
REGARDIA COMPLETION	IG NOF			ISUAL OCCUPA Vorking Life, Eve			Done During Mo	st of				INDUSTRY	1	\		
RESIDENCE	TEMS	13. FESIDENCE—STATE	COUNTY	4a.	Plur		OR LOCATION	<u> </u>	14b.	Plu	mb1			Linicipe	OTTO LIMITED	4
L	→									}			Dr	 (Specif) 	CITY LIMITS (Yes or No)	- [
	´ >	15a Nevada FATHER NAME First	15b.]	Douglas Middle	1	Isc. Wel	lingtor	1 Her— <i>Maide</i> n	NAME	15d.39		[opaz	Middle	h 15e. y	es	4
PAREN	TS	Pompo:	so		Grana	ados	17.		Luci	ia	_		D	omingu		4
		INFORMANT—NAME (Type or F				MAILIN	NG ADDRESS	-	(SI	treet or R.F	.D. No.,	City or Town,				4
		18a Jeannette L			ul fo	186	P.O. F	30v 833					-			-
		BURIAL, CREMATION, REMOVA	L OTHER (S)	ecity) (WITE C			JOX 055	, 111		LOCAT		City or T		State	\dashv
		19a. Burial					Nation	al Cem	eter	rv	19c.	R	iver	side,	California	اء
DISPOSITI	ON	FUNERAL DIRECTOR—SIGNAT (Or Person Adin) as Such)	UPE				IAME AND ADD					o's Fir	nera	1 Home	Callornia	긤
	L	20a. 20a.			10ense nun 206. 217		∝ 833 l									- 1
	~	z 21a To the best of my kno			time, date an		055 .	22	a. On the	e basis of e	xaminal	ion and/or inve	estigation,	in my opinion	death occurred as stated.	٦
	j	80 V		Lendy	/_/		Som			and Title)		e and due to	the cause	(s) and manne	er stated.	
		(Signature and Title) DATE SIGNED (Mo.,	Day, Yes	HOU	R OF DEATH	1			TE SIGN	NED (Mo., I	Day, Yr.	1	HOUR OF	DEATH		٦
OFDIE	33		2-13		Q:			5 22))		22c.			-
CERTIFI	31	NAME OF ATTENDIN	ig Physician	IF OTHER THA	W CERTIFIE	(Type or Pr	int)	28 PF	ONOUN	CED DEAD	(Mo., I	Day, Yr.)	PRONOU	NCED DEAD	(Hour)	٦
		D 21d						22	d. ON		/		22e. AT			1
		NAME AND ADDRES											- 1	LICENSE NU		٦
		23a Richard	Yaman	oto, M	.D., 2	874 N	. Carso	n St.,	#20	0, Ca	arso	n City	NV	236. 577	8	╛
CONDITION	s	REGISTRAR	in ada	. //	2		DATE RECEIVE	ED BY REGIST	TRAR (M	o., Day, Yr.)	DEAT	H DUE TO C	NUMMC	CABLE DISEA	SE	7
IF ANY WHICH GAV RISE TO BANKEDIATE	€ J	24a. (Signature)	NGHM	UKG	upe		24b. [61]	ury -	ZoZ, o	2003	24c.	YES	NOK			_
CAUSE STATING TH		25. IMMEDIATE CAUSE (E	NIER ONLY C	NE CAUSE PE	H VINE FOR	(a), (b), AND	(EV	0					: 10	terval betweer	onset and death	١
UNDERLYIN CAUSE LAS	Ğ	PART (a) DUE TO, OR AS	A CONSEQUE	111 rues	my	p-m	/me						-:		onset and death	4
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CAUSE		PART OTHER SIGNIFICANT	CONDITIONS	Conditions co	intributing to e	eath but not	resulting in the u	inderlying caus	e given i	n Part 1.	UTOPS	Y (Spe Yes or	cify WA	S CASE REF	ERRED TO city Yes or No)	-
DEATH		··i	\la	me 7				\	-		26.	Yesor. D.O	No) CO 27.		city Yes or No)	1
哭。	⊃	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF IN	JURY (Mo., Day, Y		FINJURY	DESCRI	BE HOW INJU	RY OCCI			10		703		1
	Л	OR PENDING INVEST. (Specify) 28a.	280.		28c.		M 28d.									1
	2	INJURY AT WORK (Specify Yes or No)	PLACE OF	INJURY—At hor	ne, farm, stre	et, factory, of	ice LOCATIO	ON.	STREE	T OR R.F.	D. No.	CIT	Y OR TO	WN S	TATE	┨
		28e.	281	culturing.	, etc. (Specify	,	289	/								1
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