

#87732 KLS

AFFIDAVIT-DEATH OF A JOINT TENANT

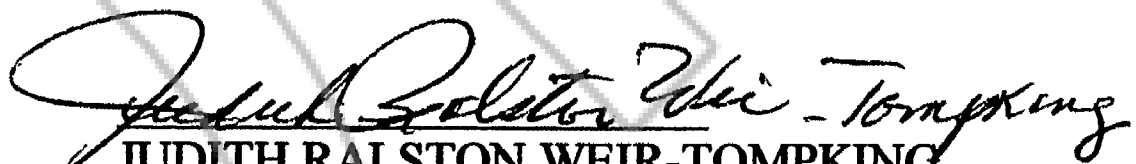
APN: 1[REDACTED]210-027

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

I, JUDITH RALSTON WEIR-TOMP KING, a married woman, of legal age, being duly sworn, deposes and says that DONALD J. RALSTON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as DONALD J. RALSTON named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 25, 1999 executed by DONALD J. RALSTON, an unmarried man, to DONALD J. RALSTON and JUDITH RALSTON WEIR-TOMP KING, as joint tenants with right of survivorship recorded as instrument number 0476647, on September 15, 1999, in Book 0999, Page 2904, of Official Records of Douglas County, Nevada, covering the following described property:

Lot 11 in Block A, as said Lot and Block are shown on the Amended Map of Ranchos Estates, filed in the office of the County Recorder of Douglas County, Nevada, on October 30, 1972, as Document No. 62493.
APN # 1[REDACTED]210-027


DATED this 23 day of January, 2003.


JUDITH RALSTON WEIR-TOMP KING

SUBSCRIBED and SWORN to before me

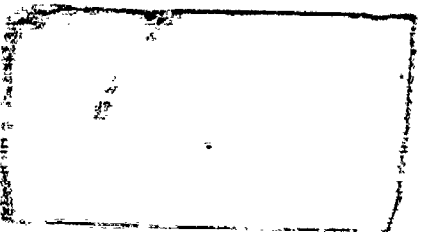
this 23 day of January, 2003.


NOTARY PUBLIC

 Karen K Keane
My Commission DD158880
Expires December 02, 2006

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BK 0203 PG 06171



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WHEN RECORDED MAIL TO:

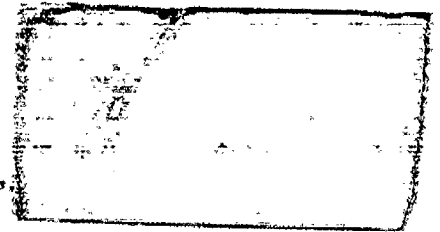
JUDITH RALSTON WEIR-TOMPKING
146 Chapel Lane
Tequesta, FL 33469

COPIES

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STATE OF NEVADA

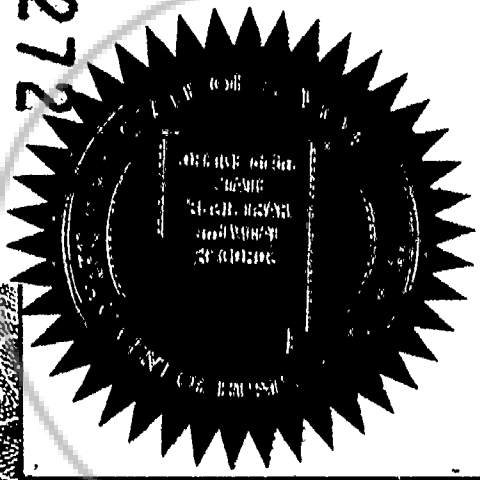
DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last	
	1. Donald RALSTON	
DECEDENT	DATE OF DEATH (Month, Day, Year)	
	2. December 19, 2002	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH
3b. Gardnerville		3a. Douglas
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Fin. Inpatient (Specify)
3c. 946 Como Court		3e. Male
RACE—(a.g., White, Black, American Indian, etc.) (Specify)		SEX
5. White		4. Male
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)
6. No		8. December 2, 1928
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
7a. 74		11. Widowed
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)
9b. U.S.A.		12. None
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY
10. 14 Years		14b. Captain/T.W.A. Airlines
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)
13. 8077		14a. Pilot
RESIDENCE—STATE		STREET AND NUMBER
15a. Nevada		15d. 946 Como Court
COUNTY		CITY, TOWN, OR LOCATION
15b. Douglas		15c. Gardnerville
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last
16. William L. Ralston		17. Sylvia L. Harris
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
18a. Judy Weir - Sister		18b. 146 Chapel Lane, Tequesta, Florida 33469
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME
19a. Cremation		19b. FitzHenry's Crematory
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State
20a. <i>[Signature]</i>		19c. Carson City, Nevada
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
20b. 217		20c. Home, 1380 Hwy 395 Gardnerville, NV 89410
To be completed by CERTIFYING PHYSICIAN		To be completed by Coroner's Office
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.
(Signature and Title) <i>Mark T. Brune M.D.</i>		(Signature and Title) <i>[Signature]</i>
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)
21b. 1-22-03		22b. 1-22-03
HOUR OF DEATH		HOUR OF DEATH
21c. 0802		22c. 0802
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)
21d. Mark T. Brune M.D., 1624 Library Circle, Minden, NV 89423		22d. ON 1-22-03
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)
23a. Mark T. Brune M.D., 1624 Library Circle, Minden, NV 89423		22e. AT 0802
REGISTRAR		LICENSE NUMBER
24a. (Signature) <i>Vera R. Kachamp</i>		23b. 7134
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
24b. January 23, 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
PART I (a) Metastatic Colon Cancer		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b) None		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) None		Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)
26. No		27. NO
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)
28a. None		28b. None
HOUR OF INJURY		HOUR OF INJURY
28c. M		28c. M
DESCRIBE HOW INJURY OCCURRED		INJURY AT WORK (Specify Yes or No)
28d. None		28e. No
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		PLACE OF INJURY
28f. None		28f. None
LOCATION.		LOCATION.
28g. None		28g. None
STREET OR R.F.D. No.		STREET OR R.F.D. No.
28g. None		28g. None
CITY OR TOWN		CITY OR TOWN
28g. None		28g. None
STATE		STATE
28g. None		28g. None

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

K0203PG06173
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STATE REGISTRAR

No.231114

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

Date Issued: **JAN 23 2003**

Sylvia Harris
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COOPY

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

2003 FEB 14 PM 3: 58

WERNER CHRISTEN
RECORDER

\$ 17⁰⁰ PAID bl DEPUTY

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BK 0203PG06174

