REQUESTED BY

Stewart Title of Douglas County

IN OFFICIAL RECORDS O DOUGLAS COL HEYACA

2004 JAN -9 AM II: 10

WERNER CHRISTEN RECORDER

DEPUTY

A.P.N. #1022-16-002-018

Recording requested by STEWART TITLE COMPANY

When recorded mail to: Mathilda Minor 6723 Cummings Canyon Nine Mile Falls, Wa. 99026

Escrow no.030104376

## AFFIDAVIT – DEATH OF JOINT TENANT

Mathilda F. Minor, of legal age, being first duly sworn, deposes and says:

That Elbert W. Minor, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Elbert W. Minor, named as one of the parties in that certain Declaration of Homestead dated January 25, 1991, executed by Elbert W. Minor and Mathilda F. Minor, husband and wife, as joint tenants, recorded on January 25, 1991 in Book 191, Page 3289, as instrument no. 243656, in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 10 in Block K, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the office of the County Recorder of Douglas County, Nevada, as document no. 50212.

APN: 1022-16-002-018

That pursuant to NRS 115,010 and 115,020, HOMESTEAD; said property is held in Joint Tenancy by reason of the execution of the Declaration of Homestead by each party thereto, and as such are entitled to all benefits of holding title as Joint Tenants.

Date: December 30, 2003.

her aftern

This instrument was acknowledged before me on Jan 6, 2004,

By Mathilda F. Minor by Douglas T. Minor as her attorney in fact

Signature:

Notary Public

0601600 BK0104PG02455

## **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

. 1			OLITTI IOA (L )	OI DEATH		\
TYPE	LOCAL FILE NUMB DECEASED—NAME First	ER Middle	Last	DATE OF DEATH	(Month, Day, Year)	STATE FILE NUMBER
OR PRINT	1. Elber			[	(World, Day, 16al)	COUNTY OF DEATH
PERMANENT BLACK INK	CITY, TOWN OR LOCATION O		MTNOR ER INSTITUTION—Name (If not eith	er, give street and number)	13, 2003  If Hosp, or Inst, indicate Rm. Inpatient (Specify)	DOA, OP/Emer.   SEX
DECEDENT	3b. Carson Cit	y s Mount	ain View Care C	enter	3e. Inpatien	t 4. Mn10
COLDENI	RACE—(e.g., White, Black, Ame Indian, etc.) (Specify)	erican Was Decedent of Hispanic Or specify Mexican, Cuban, Puer	igin? Specify 🗌 yes 🏻 no If yes, 🗍	AGE—Last <u>ÜNDER 1</u>	YEAR   UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	·	Birthday (Years) MOS 17a. 86 7b.	DAYS HOURS MIN	- 1 N
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUL		fy highest MARRIED, NEVI	ER MARRIED. S	18-December 29, 1916 URVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN Institution	9a. Texas	96. U.S.A.	grade completed.	(Specify)	DRCED	4 1
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (G	ive Kind of Work Done During Most		rried 1	<sup>2</sup> Mathilda Herold
COMPLETION OF RESIDENCE ITEMS	13.	Working Life, Even if Retir	ed) BMC		The state of the s	
1	RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCATION		ited States	Navy INSIDE CITY LIMITS
<b>└</b> ▶[	15a. Nevada	15b. Douglas	ter TI-19 at the trans	- 1 % ·		(Specify Yes or No)
	FATHER NAME First	15b. Douglas	15c Wellington		650 Diamond	
PARENTS	16. Rufus				ilor M	ddle Last
	INFORMANT—NAME (Type or F	C.	MIDOR 177.	F1o		Schumacher
•					.F.D. No., City or Town, St	ate, ∠ip)
	18a Mathilda F. BURIAL, CREMATION, REMOVE			mond Court		
· [				Valton's	LOCATION C	ty or Town State
ISPOSITION	19a Cremation FUNERAL DIRECTOR SIGNAL	19b. +	Carson Sierra (		196. Carson	
	(Or Rerson Acting as Such)	LICENSE	DIRECTOR NAME AND ADDR	Capi	tol City Cre	emation & Burial
•	20a. ➤ MMY 1.		9 20Society	7 1614 N. Cura	ry St. Carso	n City, NV, 89703
ſ	21a To the best of thy and due to the Cause(s) s  (Signature and Title)  DATE SIGNED (Mo.,  21b. 4 6  NAME OF ATTENDIA	owledge, death occurred at the tage, dat tated.	e and place and	22a. On the basis of at the time, dat	examination and/or investi	gation, in my opinion death occurred cause(s) and manner stated.
ļ	(Signature end Title)			Signature and Title)	「新文化学」 ・	assessory and market states.
[	DATE SIGNED (Mo.,	Day, Yf.) HOUR OF DE	EATH STATE OF THE	Signature and Title)		UR OF DEATH
ERTIFIER	8\ 21b. 4/16	/03   21c 20		පිදී 226.	220	
	ALE NAME OF ATTENDA	IG PHYSICIAN IF OTHER THAN CERT	IFIER (Type or Print)	PRONOUNCED DEA	AD (Mo., Day, Yr.) PRI	ONOUNCED DEAD (Hour)
				22d ON	200	. AT
	NAME AND ADDRES	S OF CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXAM	MINER, OR CORONER). (Type	or Print.) 89423	LICENSE NUMBER
Ĺ	23m David	S. Hoskins M.D. 1	664 Highway 39	North, #210		V 23b. 4628
ONDITIONS	REGISTRAR		DATE RECEIVE	BY REGISTRAR (Mo., Day, Y	r.) DEATH DUE TO COM	MUNICABLE DISEASE
IF ANY HICH GAVE	24a. (Signature)	un h Hailand	A Man 246 (TA)	DW KDO3	24c. YES∏ N	o <b>k</b> j
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE) (E	NTER ONLY ONE CAUSE PER LINE F	OR (a)/(b), AND (c).)	<del>( 101760 /</del>	· · · · · · · · · · · · · · · · · · ·	• Interval between onset and death
TATING THE NOTERLYING	PART (a) Dea	Ide Malie			•	•
AUSE LAST		A CONSEQUENCE OF:	7			Interval between onset and death
	(0)	ex C			1000 ATT 1000 ATT	
77	DUE TO, OR AS	A CONSEQUENCE OF:			<u> </u>	Interval between onset and death
	(1)				-	*
AUSE OF	PART OTHER GIGNIFICANT	CONDITIONS Conditions contributing	to death but not resulting in the un-	deriving cause given in Part 1	AUTOPSY (Specif)	WAS CASE REFERRED TO
DEATH	" (YOPD 1	1216 121	` <b>`</b>	a ·	Yes or No.	CORONER (Specify Yes or No)
\ I\	ACC., SUICIDE, HOM., UNDET.,		MUD HEMO!	HOW INJURY OCCURRED	26. No	27. No
- \ I'	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.			TIOW INJURY OCCURRED		
\ L	28a. INJURY AT WORK	28b. 28c.	M 28d.			
\ L	(Specify Yes or No)	PLACE OF INJURY—At home, farm, building, etc. (Sp	street, factory, office LOCATION ectiv)	. STREET OR R.I	F.D. No. CITY	OR TOWN STATE
1	28e.	28f.	28g.			<u> </u>
_ \	CAMA:	/ /			NI.	.236132
	MARKET.	STATE RI	EGISTRAR		INC	L COOTOC
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0601600 WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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

APR 1 6 2003

of the certificate on file in this office.

Date Issued:

State Registrar