

This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).

Signature: Mary C. Milligan

Print name & title: Mary C. Milligan, Affiant

A.P.N. 1122-00-001-015

**AFFIDAVIT - DEATH OF JOINT TENANT**

GRANTEE ADDRESS:

P.O. Box 36

Wellington, NV. 89444

DOUGLAS COUNTY, NV

2015-870136

Rec:\$15.00

09/25/2015 02:11 PM

Total:\$15.00

MARION COMPSTON

Pgs=2



00022834201508701360020025

KAREN ELLISON, RECORDER

For Recordors Use Only

I, Mary C. Milligan, of legal age, being first duly sworn, depose and say:

That James Compston Jr. the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as

James Compston, Jr. named as one of the parties in that certain Quitclaim Deed dated May 15, 1953, executed by Robert J. Compston and Lois C. Compston

to James Compston, Jr and Marion Compston

as Joint Tenants, recorded as Book Instrument No.

bl page 249 on Jan. 13, 1955, in the Official Records of Lyon Douglas County, Nevada, covering the real property situate in the County of Lyon, State of Nevada, described as follows:

Patent No. 12533: NE 1/4 of the SE 1/4 of section 18,  
T. 11 N., R. 22 E. MDB+M

STATE OF Nevada  
COUNTY OF Lyon

Signed: Mary C. Milligan  
Mary C. Milligan  
(Print name above)

Signed and sworn to before me on Sept. 21, 2015, by Mary C. Milligan

Dawna L. Warr  
(Signature of Notary)



DAWNA L. WARR  
Notary Public-State of Nevada  
APPT. NO. 99-50683-12  
My App. Expires November 02, 2018

Notary Seal

# 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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. James		COMPSTON, Jr		2. June 17, 2002	3a. Lyon
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Wellington		3c. at home; 538 Smith Gage Road		3e. —	4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify ( ) yes (X) no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR UNDER 1 DAY
5. White		6. —		7a. 75	7b. — 7c. —
DATE OF BIRTH (Mo., Day, Yr.)		CITIZEN OF WHAT COUNTRY		DECEDENT'S EDUCATION—Specify highest grade completed.	
8. November 2, 1926		9a. USA		10. 12	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Nevada		9b. USA		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]-6357		14a. RV Park Owner		14b. RV Park	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lyon		15c. Wellington	
INSIDE CITY LIMITS (Specify Yes or No)		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15e. NO		15c. Wellington		15d. 538 Mith Gage	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. James Compston		17. Ida Mae Ball		17. Ida Mae Ball	
INFORMANT—NAME (Type or Print)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Marion F. Compston, Wife		18b. PO Box 36		Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation/Burial		19b. Hillcrest Cemetery		19c. Smith Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 2614		20c. 25 Hwy 208 Yerington, Nevada 89447	
21a. To be completed by CERTIFYING PHYSICIAN		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21a. [Signature]		21b. June 20, 2002		21c. 0730	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To be completed by Coroner's Office		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Robin Titus, MD		22a. [Signature]		22b. —	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22c. PRONOUNCED DEAD (Hour)		22d. ON	
21e. Robin Titus, MD; Box 377 Wellington, Nevada 89444		22c. —		22d. AT	
21f. LICENSE NUMBER		23a. REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
21f. 4617		23a. [Signature]		24b. June 20, 2002	
23b. REGISTRAR		24a. (Signature)		24c. DEATH DUE TO COMMUNICABLE DISEASE	
23b. 4617		24a. [Signature]		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		PART I (c) DUE TO, OR AS A CONSEQUENCE OF:	
(a) [Signature]		(b) [Signature]		(c) [Signature]	
26. NO		27. YES		27. YES	
ACC. SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. —		28b. —		28c. —	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. —		28f. —		28g. —	

STATE REGISTRAR

No. 218903



This is to certify that the above is a true and correct copy of the certificate on file in this office.  
Date Issued: *Yvonne Sylva* JUN 20 2002  
State Registrar