

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF California)
) SS.
COUNTY OF Sonoma)

NETTIE B. COOPS, being first duly sworn, deposes and says:

1. That she is over the age of twenty-one (21) and legally competent to make and execute this Affidavit.

2. That she is the surviving spouse of HAROLD WHITE COOPS.

3. That HAROLD WHITE COOPS is now deceased, having died in Sonoma County, State of California, on the twelfth (12th) day of November, 1982. Attached hereto is a certified copy of the Certificate of Death of the said HAROLD WHITE COOPS which has been duly filed with the Sonoma County Public Health Service, in Santa Rosa, California. That your Affiant expressly incorporates said Certificate of Death in this Affidavit.

4. That during the lifetime of the said HAROLD WHITE COOPS, he and your Affiant owned the following described real property situate in the County of Eureka, State of Nevada, as joint tenants with right of survivorship, to-wit:

The west 1/2 of the Northwest 1/4 of the Southeast 1/4 of Section 17, Township 31 North, Range 49 East, Mount Diablo Base and Meridian.

5. That said joint tenancy was created by a certain deed made and executed on May 26, 1969, which was recorded as Document Number 49320, in Book 29 at Page 203, Official Records, Eureka County, State of Nevada.

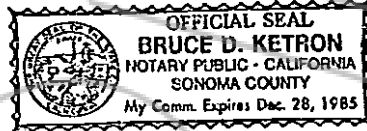
6. That by reason of the demise of the said HAROLD WHITE COOPS, your Affiant is the sole surviving tenant and is the sole

owner in fee simple of the above-described real property.

Nettie B. Coops
NETTIE B. COOPS

On this 29th day of April, 1983, personally appeared before me, a Notary Public, NETTIE B. COOPS, who acknowledged that she executed the foregoing document *sworn and subscribed in my presence*

Bruce D. Ketrone
NOTARY PUBLIC



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4900-2412

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST HAROLD		1B. MIDDLE WHITE		1C. LAST COOPS	
2A. DATE OF DEATH (MONTH, DAY, YEAR) NOV. 12, 1982		2B. HOUR 1645			
3. SEX MALE	4. RACE CAUC.	5. ETHNICITY OTHER	6. DATE OF BIRTH JAN. 12, 1903	7. AGE 79	8. IF UNDER 1 YEAR MONTHS DAYS
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) MASSACHUSETTS			10. BIRTH NAME AND BIRTHPLACE OF MOTHER ELIZABETH BROWN-MASS.		
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS MARRIED	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) NETTIE HIGGINS		15. NUMBER OF YEARS THIS OCCUPATION 30		16. KIND OF INDUSTRY OR BUSINESS PHOTOGRAPHY	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) SELF		18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1144 - 4th. ST. APT. 251		19. CITY OR TOWN SANTA ROSA	
19D. COUNTY SONOMA		19E. STATE CALIFORNIA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP MRS. NETTIE COOPS - WIFE P.O. BOX 2174 SANTA ROSA, CALIF. 95405	
21A. PLACE OF DEATH SANTA ROSA MEMORIAL HOSPITAL		21B. COUNTY SONOMA		21D. CITY OR TOWN SANTA ROSA	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1145 MONTGOMERY DRIVE		21E. STATE CALIFORNIA		21F. CITY OR TOWN SANTA ROSA	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Cerebral Neovascularization - 16 days		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH none		24. WAS DEATH REPORTED TO CORoner? yes	
25. WERE DEATH CERTIFICATE AND DEATH RECORD PERFORMED? no		26. WAS AUTOPSY PERFORMED? no		27. WAS OPERATOR INFORMED FOR ANY CONDITION OR ITEM TO BE NOTED? 10/25/82	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED. 8/3/77 11/12/82		28B. PHYSICIAN'S SIGNATURE AND BEGGER OF TITLE [Signature] MD		28C. DATE SIGNED 11/11/82	
28D. PHYSICIAN'S LICENSE NUMBER 61251		28E. TIME PHYSICIAN SIGNED AND ADDRESS DR. GERAUD SAUER, 990 SONOMA AVE., SANTA ROSA, CALIF.		29. SPECIFIC ACCIDENT, SUICIDE, ETC. [REDACTED]	
30. PLACE OF INJURY [REDACTED]		31. INJURY AT WORK [REDACTED]		32A. DATE OF INJURY—MONTH, DAY, YEAR [REDACTED]	
32B. HOUR [REDACTED]		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) [REDACTED]		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [REDACTED]	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW I HAVE MADE AN (INQUEST- INVESTIGATION)		35B. CORONER—SIGNATURE AND BEGGER OF TITLE [Signature]		35C. DATE SIGNED [REDACTED]	
36. DISPOSITION CREMATION		37. DATE—MONTH, DAY, YEAR NOV. 16, 1982		38. NAME AND ADDRESS OF CORONER'S CHEMIST CHAPEL OF THE CHIMES, SANTA ROSA, CA	
39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE [REDACTED]		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) NEPTUNE SOCIETY (S.R.) F1334		41. LOCAL REGISTER—SIGNATURE [Signature]	
42. DATE ACCEPTED BY LOCAL REGISTRAR NOV 15 1982		43. STATE REGISTRAR [REDACTED]		44. STATE REGISTRAR [REDACTED]	

CERTIFICATION This is to certify, that the foregoing is a true and correct copy of the Vital Record which is on file in this office and of which I am legal custodian.

SIGNATURE: *[Signature]* **OFFICIAL TITLE:** Public Health Officer and Local Registrar

PLACE: Sonoma County Public Health Service
Santa Rosa, California **DATE OF CERTIFICATION** NOV 15 1982



RECORDED AT REQUEST OF
Steven E. Crumey
BOOK 110 PAGE 511

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OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.J. REBALEATI, RECORDER
FILE NO. 87589
FEE \$ 6.00

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