

129832

AFFIDAVIT -- DEATH OF JOINT TENANT

STATE OF NEVADA)
:SS.
County of Eureka)

Genevieve Bailey, of legal age, being first duly sworn,
deposes and says:

That Shipley Lewis Bailey, the decedent mentioned in the
attached certified copy of Certificate of Death, is the same person
as Deceased Party named as one of the parties in that certain Deed
dated March 29, 1982 executed by William Marshall and Rachel
Marshall as joint tenants recorded as Instrument No. 84044 on
March 29, 1982 in book 102, page 22, of Official Records of Eureka
County, Nevada, covering the following described property:

All that parcel of land located in the NE1/4, SE 1/4, Section
2, Township 21N., Range 53E., MDB&M., County of Eureka,
State of Nevada.

Genevieve Bailey
Genevieve Bailey

I declare under penalty of perjury, that the foregoing statement is
true and correct.

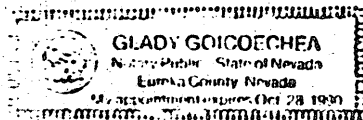
GENEVIEVE BAILEY

Genevieve Bailey
Genevieve Bailey

Dated Oct. 6, 1989

SUBSCRIBED AND SWORN TO before me
this 6th day of Oct., 1989.

Glady Goicoechea
Notary Public



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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

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

ROLL 68 IMAGE 663

1189

	DECEASED AND E	LAST	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
	Shipley	Lewis BAILEY	July 9, 1989	Washoe
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name if not other, give street and number)	PLACE OF DEATH (DCA, OPH, Hosp., Resident, School)
	Reno		Veterans Administration Hospital	Inpatient
DECEASED	RACE AND SEX (Specify if other than White or Negro)	AGE (at death)	DATE OF BIRTH (Month, Day, Year)	SEX
	White	54	March 15, 1935	Male
	CITIZENSHIP (Specify if other than U.S.A. or Foreign)	CITIZENSHIP OF OTHER COUNTRY	MARRIED, NEVER MARRIED, DIVORCED, SEPARATED	SURVIVING SPOUSE (If not, give maiden name)
	Nevada	USA	Married	Genevieve Pimentel
	SOCIAL SECURITY NUMBER	U.S. OCCUPATION (Give kind of work done during most of working life (Specify if Retired))	INDUSTRY	
		Farmer	Agriculture	
	RESIDENCE (City, Town or Location)	CITY, TOWN OR LOCATION	STREET AND NUMBER	BOX CITY LIMITS (Specify Yes or No)
	Nevada	Eureka	Box 23-3	No
			Diamond Valley	
PARENTS	FATHER (Name)	MOTHER (Name)		
	Wallace	Bailey		Rand
	RESIDENCE (City, Town or Location)		CITY, TOWN OR LOCATION	
	Eureka		Eureka, Nevada	
	ADDRESS		CITY, TOWN OR LOCATION	
	Diamond Valley Box 23-3		Eureka, Nevada 89316	
DISPOSITION	CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION	
	Diamond Valley		Diamond Valley, Nevada	
	CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION	
	Palisade Cemetery		Diamond Valley, Nevada	
	NAME AND ADDRESS OF FUNERAL HOME (Specify Yes or No)		CITY, TOWN OR LOCATION	
	Walton Funeral Home		Reno, Nevada 89503	
	ADDRESS		CITY, TOWN OR LOCATION	
	875 West Second Street		Reno, Nevada 89503	
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type of Pract.)		LICENSE NUMBER	
	Curtis T. Hopson, M.D., 1000 Locust Street, Reno, NV 89520		11-549	
	DATE RECEIVED BY REGISTRAR (Month, Day, Year)		DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No)	
	July 12, 1989		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
CAUSE OF DEATH	PART I (Immediate Cause)		PART II (Underlying Cause)	
	Pulmonary Embolism		Acute	
	Hypercoagulable State secondary to Metastatic Carcinoma		Subacute	
	Metastatic Carcinoma of the Head of Pancreas		2 Months	
	MANNER OF DEATH (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
	DATE OF INJURY	TIME OF INJURY	DESCRIBE HOW INJURY OCCURRED	

STATE REGISTRAR

No. 009852

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RECORDED AT THE REQUEST OF
Genevieve G. Ivy
BOOK PAGE
203 338
89 OCT -6 10:45

OFFICIAL RECORDS
FLORIDA COUNTY WANDA
P.L.N. REGISTRAR, RECORDER
FILE NO. 129852
Fees 7.00

MAINTAINED AT THE
OFFICE OF THE REGISTRAR

Genevieve G. Ivy
IN WITNESS WHEREOF
I HAVE HEREON SET MY HAND
AND SEAL OF OFFICE

JUL 13 1989

THIS CERTIFIED COPY WAS DERIVED
FROM THE VITAL STATISTICS
RECORDS OF THE WASHINGTON
DISTRICT HEALTH DEPARTMENT
IN WASHINGTON COUNTY, FLORIDA

NS 367218

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