

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
                  ) :ss.  
COUNTY OF WASHOE )

EVELYN YOUNG, does hereby swear under penalty of perjury that the assertions of this Affidavit are true.

That Affiant has knowledge of the facts herein-after set forth.

That Affiant was the sister of ELIZABETH A. BERGONAN, aka LIZZIE BERGONAN, who died July 16, 1992, in the City of Sparks, County of Washoe, State of Nevada;

That Affiant is the Surviving Joint Tenant and entitled to that certain lot, piece or parcel of land situate in the Town of Eureka, County of Eureka, State of Nevada, and more particularly described as follows, to-wit:

Commencing at NW Corner of Lot One, Block Eighty-two, thence N.79° 48'E., along the North side line of Lot One, a distance of Forty Feet to a point, thence S.11°26'E., to a point on the South side line of Lot Two in Block Eighty-two, thence S.25°53'E., to a point on the South side line of Lot Three in Block Eighty-two, thence S.80°14'W., along the South side line of Lot Three to the SW Corner of Lot Three, Block Eighty-two, thence North along the West end line of Lots One, Two, and Three, in Block Eighty-two, the NW Corner of Lot One, the place of beginning.

TOGETHER with all buildings and improvements situate thereon.

That said Joint Tenancy Deed was recorded on or about September 25, 1973, as File No. 57737, Eureka County, Nevada, records;

That the said LIZZIE BERGONAN, one of the Grantees in said Deed, died in Sparks, County of Washoe, State of Nevada on July 16, 1992, and is the identical person named as ELIZABETH A. BERGONAN, in that certified copy of Certificate of Death marked Exhibit "A" and attached hereto;

That said certified copy of the Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

DATED THIS 10th day of August, 1992.

Evelyn Young  
EVELYN YOUNG

SUBSCRIBED and SWORN to before me this 10th day of August, 1992.

Regina O'Hara  
NOTARY PUBLIC



REGINA O'HARA  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
MY APPOINTMENT EXPIRES MAY 25, 1996

Parcel No. 1-084-01

Send Tax Notices to

Evelyn Young  
216 Ryland Street  
Reno, NV 89501

Return original to:

LeRoy Arrascada, Ltd.  
P. O. Box 425  
Reno, NV 89504

# 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 76 IMAGE 748

LOCAL FILE NUMBER 1631

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME 1. Elizabeth A. BERGONAN		DATE OF DEATH (Month, Day, Year) 2. July 16, 1992		COUNTY OF DEATH 3a. Washoe
<b>DECEASED</b>	CITY, TOWN, OR LOCATION OF DEATH 3b. Sparks		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Sierra Health Care Center		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e. Inpatient
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 92	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 8	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 12.
	SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Cook	KIND OF BUSINESS OR INDUSTRY 14b. Restaurant		
<b>PARENTS</b>	FATHER—NAME 16. William Henry Blair	MOTHER—MAIDEN NAME 17. Maggie Richard	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 15a. Nevada 15b. Washoe 15c. Reno 15d. 216 Ryland Street 15e. Yes		
	INFORMANT—NAME (Type or Print) 16a. Darleen Lucey		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 16b. 1580 Twin Oaks Road Reno Nevada 89511		
<b>DISPOSITION</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. Elko City Cemetery	LOCATION 19c. Elko Nevada	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	
		FUNERAL DIRECTOR LICENSE NUMBER 20b. 16	NAME AND ADDRESS OF FACILITY 20c. Walton Funeral Home 875 West Second Street Reno Nevada 89503		
<b>CERTIFIER</b>	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 7/16/92		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) [Signature] DATE SIGNED (Mo., Day, Yr.)		
	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Wm. J. Harrison		22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22e. AT		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. William J. Harrison, M. D., 1225 Westfield Ave., Reno, NV. 89509				
	23b. LICENSE NUMBER 23b. 3803		REGISTRAR 24a. (Signature) [Signature] Dep		
<b>CAUSE OF DEATH</b>	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 16, 1992		24c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART I	(a) Renal Failure - acute DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death 48 hours		
		(b) Atherosclerotic disease DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death years		
	PART II	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) 26. No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		
	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

No. 040038

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STATE REGISTRAR

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**

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*LeRoy Arrascada*  
'92 AUG 13 P2 28

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. **141984** FEES **8.00**

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA.

No. \_\_\_\_\_

JUL 27 1992

REGISTRAR VITAL STATISTICS  
*[Signature]*  
RENO, NEVADA

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

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