

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.

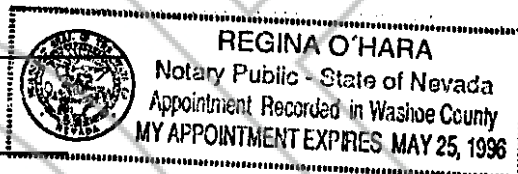
DATED THIS 10th day of August, 1992.

Evelyn Young
EVELYN YOUNG

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

Regina O'Hara
NOTARY PUBLIC

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

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Elizabeth A. BERGONAN			2. July 16, 1992		3a. Washoe
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX
3b. Sparks			3c. Sierra Health Care Center		3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)
5. White			7a. 92		8. November 17, 1899
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
9a. Nevada			9b. U.S.A.		10. 8
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]			14a. Cook-STRICK HEALTH		14b. Restaurant
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Washoe	15c. Reno		15d. 216 Ryland Street
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. William Henry Blair			17. Maggie Richard		
INFORMANT—NAME (Type or Print)					
18a. Darleen Lucey					
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18b. 1580 Twin Oaks Road Reno Nevada 89511					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
19a. Burial			19b. Elko City Cemetery		19c. Elko Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY		
20a. [Signature]			20b. 16 875 West Second Street Reno Nevada 89503		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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 and Title)		
DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
21b. 7/16/92			22b. [Signature]		
HOUR OF DEATH			HOUR OF DEATH		
21c. 1:45 PM			22c. [Signature]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d. Wm. J. Harrison			22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			PRONOUNCED DEAD (Hour)		
23a. William J. Harrison, M. D., 1225 Westfield Ave., Reno, NV. 89509			22e. AT		
LICENSE NUMBER			23b. 3803		
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
24a. [Signature]			24b. July 16, 1992		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			DEATH DUE TO COMMUNICABLE DISEASE		
PART I (a) Renal Failure - acute			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) Atherosclerotic disease			48 hours		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c)			years		
Interval between onset and death			OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		
PART II			AUTOPSY (Specify Yes or No)		
26. No			27. No		
ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
28a. [Signature]			28b. [Signature]		
HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
28c. M			28d. [Signature]		
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28e. [Signature]			28f. [Signature]		
LOCATION			STREET OR R.F.D. No.		
28g. [Signature]			CITY OR TOWN		
28h. [Signature]			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

BOOK 237 PAGE 568
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
LeRoy Arrascada
'92 AUG 13 P2:28

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

141984 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]

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

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