



Name (Typed or Printed) RALPH S. MORIN

Signature [Handwritten Signature]

WITNESS my hand and official seal this 10th day of FEBRUARY, 1995

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State.

Sherry K. Johnson

Dated: FEBRUARY 10, 1995

SHERRY K. JOHNSON, of legal age, being first duly sworn, deposes and says: That RALPH V. JOHNSON, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as RALPH VICTOR JOHNSON named as one of the parties in that certain SHERRY K. BONNELL AND RALPH V. JOHNSON executed by SHERRY K. JOHNSON & RALPH V. JOHNSON to SHERRY K. JOHNSON & RALPH V. JOHNSON as joint tenants, recorded as Instrument No. 143556 on JAN. 12, 1993 in Book 243, Page 243 of Official Records of EUREKA County, Nevada covering the following described property situated in the County of EUREKA State of NEVADA Lot 1, Block 13, unit No. 1 Crescent Valley Ranch & Farms APN#02-033-07.

STATE OF NEVADA County of ELKO ss.

AFFIDAVIT-DEATH OF JOINT TENANT

SPACE ABOVE THIS LINE FOR RECORDERS USE

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO

Order No. 421539-10
 Escrow No.
 Loan No.

157179

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 82 IMAGE 980

2003

1. DECEASED—NAME First Middle Last Ralph Victor JOHNSON		2. DATE OF DEATH (Month, Day, Year) 2 September 22, 1994		3a. COUNTY OF DEATH Washoe	
3b. RENO		3c. WASHOE MEDICAL CENTER		3d. SEX Male	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify)		5. WHITE		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 50		7b. UNDER 1 YEAR MOS : DAYS : HOURS : MINS		7c. DATE OF BIRTH (Mo., Day, Yr.) October 6, 1943	
8. STATE OF BIRTH Minnesota		9a. U.S.A. 9		9b. Decedent's Education. Specify highest grade completed. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED	
10. SOCIAL SECURITY NUMBER [REDACTED]		11. Heavy Duty Mechanic		12. Sherry Wilson	
13. RESIDENCE—STATE Nevada		14a. CITY, TOWN, OR LOCATION Eureka		14b. STREET AND NUMBER 8058 Airport	
15. FATHER—NAME First Middle Last Donald Johnson		16. MOTHER—MAIDEN NAME First Middle Last Mae Johnson		17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 211383, Crescent Valley, Nevada 89821	
18a. Sherry Johnson		18b. P.O. Box 211383, Crescent Valley, Nevada 89821		19. CREMATION	
19a. Cremation		19b. Reno Crematory		19c. Reno Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. LICENSE NUMBER 45		20c. NAME AND ADDRESS OF FACILITY Northern Nevada Memorial 616 South Wells Avenue, Reno, Nevada 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.) September 26, 1994		21c. HOUR OF DEATH 2311	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. DATE SIGNED (Mo., Day, Yr.) September 22, 1994		21f. PRONOUNCED DEAD (Mo., Day, Yr.) September 22, 1994	
21g. NAME OF ATTENDING PHYSICIAN (Physician, Medical Examiner, or Coroner), (Type or Print)		21h. LICENSE NUMBER 2311		21i. CITY OR TOWN AT	
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.		22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 27, 1994		22c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner), (Type or Print) Vernon O. McCarty, Coroner, P.O. Box 1130, Reno, Nevada 89520		23b. WCG S. 35		23c. LICENSE NUMBER	
24a. REGISTRAR (Signature) Sherry Johnson		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 27, 1994		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Aortic thrombosis complicated by sepsis		26. No		27. Yes	
28a. ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.)		28b. HOUR OF INJURY		28c. PLACE OF INJURY—(Home, farm, street, factory, office, trading, etc.) (Specify)	
28d. INJURY AT WORK (Specify Yes or No)		28e. CITY OR TOWN		28f. STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK FOR PRECEDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

STATE REGISTRAR

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

No. 069489

Date: SEP 28 1994

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 281 PAGE 193

BOOK 281 PAGE 194

COPY

157179

EUREKA COUNTY NEVADA
M.N. REBAL. RECORDER
FILE NO. FEES \$9.00

BOOK 281 PAGE 192
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
at American Title
95 FEB 22 AM 11:09