

AFFIDAVIT OF DEATH OF JOINT TENANT

BOOK 408 PAGE 44-46
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF Darlyne Clark
2005 MAR 21 PM 12:48

STATE OF Nevada }

SS

COUNTY OF EUREKA }

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 196557 FEES 76.00

196557

BEFORE ME, the undersigned Notary Public, personally appeared,
Darlyne Clark, "Affiant", who upon being duly sworn, deposes
and states upon his or her oath or affirmation, the following:

1. My name is DARLYNE CLARK and I reside at
CRESCENT VALLEY. 204 W 2nd ST.
2. I owned real property as a joint tenant with
Sandra Cooper, such real property located in
EUREKA County, State of NEVADA,
described as follows:

See Attached Legal Description.
Title deed is recorded in Book 346, Page 24 in the
office of the register of deeds in the county and state aforesaid.
3. Sandra Garrison Cooper, my joint tenant identified above,
departed this life on the 12 day of NOVEMBER, 2004. A
copy of the death certificate of Sandra Cooper is attached.
4. On the date of the death of Sandra Cooper, the
above described real estate was owned by
Sandra Cooper and
Darlyne Clark, as joint tenants and the joint
tenancy had not been severed by any act of the parties or by operation of
law.
5. Affiant is the sole surviving joint tenant of the property described above.

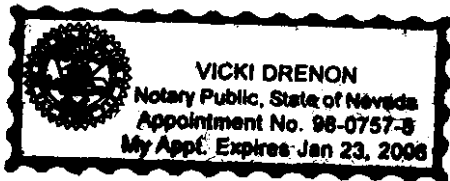
Dated this the 11 day of March, 2005.

Darlyne Clark
Affiant

SWORN TO AND SUBSCRIBED before me this the 11th day of March,
2005.

Vicki Drenon

NOTARY PUBLIC



My Commission Expires:
January 23, 2005

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 116 IMAGE 263

2998

LOCAL FILE NUMBER

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

1. DECEASED—NAME First Middle Last Sandra E. GARRISON-COOPER			2. DATE OF DEATH (Month, Day, Year) November 12, 2004		3. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Regional Medical Center		3d. Inpatient (Specify) Inpatient	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		5. 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) 55		7. DATE OF BIRTH (Mo., Day, Yr.) October 31, 1949
8. STATE OF BIRTH (If not U.S.A., name country) California		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
12. SOCIAL SECURITY NUMBER [REDACTED]		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		14. KIND OF BUSINESS OR INDUSTRY Own Home		15. SURVIVING SPOUSE (If wife, give maiden name)
16. RESIDENCE—STATE Nevada		17. COUNTY Eureka		18. CITY, TOWN, OR LOCATION Crescent Valley		19. STREET AND NUMBER 204 2nd Street
20. FATHER—NAME First Middle Last William E. Garrison		21. MOTHER—MAIDEN NAME First Middle Last Darlyne Clark		22. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 603 N.W. Clarke Street, Grants Pass, Oregon 97526		23. INSIDE CITY LIMITS (Specify Yes or No) Yes
24. INFORMANT—NAME (Type or Print) Joy Hull		25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		26. CEMETERY OR CREMATORY—NAME Sierra Crematory		27. LOCATION City or Town State Reno, Nevada
28. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) [Signature]		29. FUNERAL DIRECTOR LICENSE NUMBER 20		30. NAME AND ADDRESS OF FACILITY Reno Memorial, 253 E. Arroyo, Reno, Nevada 89502		
31. To be completed by CERTIFYING PHYSICIAN 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.) 11-15-04 HOUR OF DEATH 0340 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John A. Shields, MD		32. To be completed by CORONER'S OFFICE 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.) HOUR OF DEATH 22b. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22c. ON 22d. AT				
33. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) JOHN A. SHIELDS, MD 236 W. SIXTH ST #400 RENO NV 89503						34. LICENSE NUMBER 3362
35. REGISTRAR 24a. (Signature) [Signature] 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART 1 (a) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (c) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF:		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 15, 2004		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Interval between onset and death Unknown
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		Interval between onset and death
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED
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

STATE REGISTRAR

No. 272379

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

196557

Deputy Registrar: **Barbara Lee Hunt**

Date: **DEC 3 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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