

Affidavit—Death of Joint Tenant

VD 5036 NV (5-73)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Clark }

Serena E. Parker, of legal age, being first duly sworn, deposes and says:
 That Minnie Coleman, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Minnie Coleman
 named as one of the parties in that certain deed dated _____
 executed by Donald J. Joslyn and Doris M. Joslyn
 to SERENE E. PARKER, a widow, and MINNIE COLEMAN, a widow, mother & daughter
 as joint tenants, recorded as Instrument No. _____ on October 21, 1968, in
 book N-1, page 342, of Official Records of Lincoln
 County, Nevada, covering the following described property situated in the _____
 County of Lincoln, State of Nevada:

As shown on legal description attached hereto, marked Exhibit "A" and by reference made a part hereof.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ _____

Dated October 2, 1980 Serena E. Parker
Serena E. Parker

SUBSCRIBED AND SWORN TO before me

this 2nd day of October, 1980
Signature Norma Wedgworth

Name (Typed or Printed)
 Notary Public - State of Nevada
 CLARK COUNTY
Norma Wedgworth
 My Commission Expires 12/30/81

(This area for official notarial seal)

Title Order No. _____

Encrow or Loan No. NV-19501577

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name Serena Parker
 Street Address Alamo, Nevada 89001
 City & State

No. 70034

FILED AND RECORDED AT REQUEST OF
TITLE INS. & TRUST CO.
OCT. 8, 1980
 AT 30 MINUTES PAST 3 O'CLOCK
PM IN BOOK 40 OF OFFICIAL
 RECORDS, PAGE 51 LINCOLN
 COUNTY, NEVADA.

Guards, Jr. Sec'y
 COUNTY RECORDER
 40 PAGE 51

Lincoln County

EXHIBIT "A"

PARCEL I:

COMMENCING at the Northwest corner of Lot 2, Block 65, of Alamo Town, Lincoln County, Nevada, and running South a distance of approximately 158 feet to the Section line between Section 5 and Section 8, Township 7 South, Range 61 East, M.D.M., which point is the TRUE POINT OF BEGINNING; thence South approximately 419.6 feet; thence East 247.5 feet; thence North approximately 417.5 feet to the section line between Section 5 and Section 8; thence West along said Section line, a distance of 247.5 feet to the TRUE POINT OF BEGINNING.

PARCEL II:

BEGINNING at a point 20 rods South of the Southeast corner of Lot 1, Block 66 of Plat A, Alamo Townsite, thence South 20 rods; thence East 43 rods; thence Northeasterly 21 rods; thence West 48 rods to the place of beginning; all in Section 8, Township 7 South, Range 61 East, M.D.M.

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89106

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 1033D

1 DECEASED - NAME Minnie L. COLEMAN		2 SEX Female		3 DATE OF DEATH (Month, Day, Year) Aug 4, 1979		4 COUNTY OF DEATH Clark	
5 CITY, TOWN, OR LOCATION OF DEATH Las Vegas		6 HOSPITAL OR OTHER INSTITUTION - Name (if not in actual, give street and number) Valley Hospital		7 If held by the Nevada DDA, Oficer, Registrar, Registrar's Representative Inpatient			
8 RACE - (Ind. White, Black, American Indian, etc.) White		9 ETHNIC White		10 AGE - LAST BIRTHDAY (Month, Day, Year) 98		11 UNDER 1 YEAR MON. DAYS	
12 STATE OF BIRTH (If not U.S.A., name country) Texas		13 CITIZEN OF WHAT COUNTRY U.S.A.		14 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, GROWN TOGETHER 10		15 DATE OF BIRTH (Mo., Day, Yr.) June 15, 1881	
16 SOCIAL SECURITY NUMBER		17 USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Owner/Operator - RET		18 KIND OF BUSINESS OR INDUSTRY Hotel		19 WAS DECLARED DYING BY U.S. ARMED FORCES? (Specify Yes or No) NO	
20 RESIDENCE - STATE Nevada		21 COUNTY Lincoln		22 CITY, TOWN, OR LOCATION Alamo		23 STREET AND NUMBER 15c	
24 FATHER - NAME (First, Middle, Last) Henry B. Rogers		25 MOTHER - MIDDLE NAME Eliza		26 LAST			
27 INFORMANT - NAME (Type or Print) Serena C. Parker - Daughter		28 MAILING ADDRESS (Specify or R.F.D. No., City or Town, State Zip) P.O. Box 195 Alamo Nevada 89001					
29 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal		30 CEMETERY OR CREMATORY - NAME Truckee Cemetery		31 LOCATION - City or Town, State Truckee, California			
32 FLUENTIAL DIRECTOR'S SIGNATURE (If Person Acting as Such) <i>Don Do Val</i>		33 NAME AND ADDRESS OF FACILITY Palm Mortuary 1325 N. Main St. Las Vegas, Nev. 89101					
34 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) <i>W. Berlin</i>		35 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) stated. (Signature and Title) <i>W. Berlin</i>		36 DATE SIGNED (Mo., Day, Yr.) 8-6-79		37 HOUR OF DEATH 5:52 P.M.	
38 NAME OF ATTENDING PHYSICIAN OR OTHER TRUSTEE CERTIFIER (Type or Print) William Berliner, M.D.		39 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 700 Shadow Ln, Las Vegas, NV 89106		40 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 6 1979		41 23a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL (1), (2), AND (3)) Cerebral Vascular Accident	
42 23b DUE TO OR AS A CONSEQUENCE OF		43 23c DUE TO OR AS A CONSEQUENCE OF		44 23d OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) 25		45 23e AUTOPSY (Specify Yes or No) NO	
46 23f WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Specify Yes or No) NO		47 ALL SUICIDE FROM UNKNT OR PENDING INVEST (Specify) 28a		48 DATE OF INJURY (Mo., Day, Yr.) 28b		49 HOUR OF INJURY 28c	
50 INJURY AT WORK (Specify Yes or No) 29a		51 PLACE OF INJURY - (At home, farm, street, factory, office, business, etc. Specify) 29b		52 DESCRIBE HOW INJURY OCCURRED 29c		53 LOCATION - STREET OR R.F.D. No., CITY OR TOWN, STATE 29d	

Nº 012415

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.176.

Date Issued: AUG 7 1979

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M. Registrar of Vital Statistics