

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Order No. _____
Index No. _____
Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF ^{Nevada} CALIFORNIA,
County of Lincoln ss.

Patrick M. Reynolds of legal age, being first duly sworn, deposes and says:
That **Roger Francis Reynolds** the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as **Roger F. Reynolds**
named as one of the parties in that certain **Joint Tenancy Deed** dated **December 31, 1981**
executed by **Patrick and Roger F. Reynolds**
to **Patrick M. Reynolds and Roger F. Reynolds and Darla J. Reynolds**
as joint tenants, recorded as Instrument No. _____ on **Feb. 16, 1982** in
Book **48** Page **500** of Official Records of **Lincoln** County, ^{Nevada} ~~California~~
covering the following described property situated in the County of **Lincoln** State of ^{Nevada} ~~California~~

All of the Southwest quarter of the Northeast quarter (SW¹/₄NE¹/₄) of Section 9,
T4S., R67E., MDB&M., containing 40 acres more or less.

Together with any and all improvements and buildings situate thereon.

Dated **June 29, 1990**

Patrick M. Reynolds
Patrick M. Reynolds

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

this **29th** day of **June, 1990**
WITNESS my hand and official seal.

Signature *Candice L. Campbell*



Candice L. Campbell

(Name - Typed or Printed)

BOOK **91** PAGE **429**

(This area for Recorder's use)

Ind

Lincoln County

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 12380

1A NAME OF DECEDENT—FIRST		1B MIDDLE		1C LAST		2A DATE OF DEATH—MONTH DAY YEAR		2B HOUR	
ROGER		FRANCIS		REYNOLDS		December 25, 1984		1455	
3 SEX	4 RACE, ETHNICITY	5 SPANISH/HISPANIC	6 DATE OF BIRTH			7 AGE	8 IF UNDER 1 YEAR	9 IF UNDER 24 HOURS	10 IF UNDER 60 MINUTES
Male	Cauc.	<input type="checkbox"/>	July 10, 1913			71	YEARS	MONTHS	DAYS
8 BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9 NAME AND BIRTHPLACE OF FATHER				10 BIRTH NAME AND BIRTHPLACE OF MOTHER			
Utah		Roger Reynolds, Ireland				Sarah Sweeney, Ireland			
11 CITIZEN OF WHAT COUNTRY		12 SOCIAL SECURITY NUMBER		13 MARITAL STATUS		14 NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME			
U.S.A.		[REDACTED]		Widow					
15 PRIMARY OCCUPATION		16 NUMBER OF YEARS THIS OCCUPATION		17 EMPLOYER OF SELF-EMPLOYED (SO STATE)		18 KIND OF INDUSTRY OR BUSINESS			
Lithographer		48		Hantke & Ford		Printing & Lithographers			
19A USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)					19B				
6376 Sheridan Way					Buena Park				
18D COUNTY		18E STATE		20 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
Orange		California		Roger Francis Reynolds Jr. - Son 1100 Flamingo Way La Habra, Ca. 90631					
21A PLACE OF DEATH		21B COUNTY		21C STREET ADDRESS (STREET AND NUMBER OR LOCATION)					
Brea Community Hospital		Orange		21D CITY OR TOWN					
380 W. Central Ave.		Drea							
22 DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23 OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN		27 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		24 WAS DEATH REPORTED TO CORONER?		25 WAS AUTOPSY PERFORMED?	
(A) Septic Shock		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
(B) Acute Myocardial Infarction		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
(C) Central Nervous System		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
28A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C DATE SIGNED		29D PHYSICIAN'S LICENSE NUMBER			
[REDACTED]		H. Tarlow, M.D., 215 N. State College Blvd., Anaheim, Ca.		12/10/84		3971			
29 SPECIFY ACCIDENT, INJURY, ETC.		30 PLACE OF INJURY		31 INJURY AT WORK?		32A DATE OF INJURY—MONTH, DAY, YEAR		32B HOUR	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
33 LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34 DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
[REDACTED]		[REDACTED]							
35A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN INQUIRY-INTERVIEW		35B CORONER—SIGNATURE AND DEGREE OR TITLE		35C DATE SIGNED					
[REDACTED]		[REDACTED]		[REDACTED]					
36 DISPOSITION		37 DATE—MONTH, DAY, YEAR		38 NAME AND ADDRESS OF CEMETERY		39 EMBALMER—LICENSE NUMBER AND SIGNATURE			
Burial		Dec. 28, 1984		Resurrection Cemetery, So. San Gabriel		3971 Raymond P. Harker			
40A NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B LICENSE NO.		41 LOCAL REGISTRAR—SIGNATURE		42 DATE ACCEPTED BY LOCAL REGISTRAR			
Risher Montebello Mortuary		BEC		[REDACTED]		DEC 27 1984			
STATE REGISTRAR	A	B	C	D	E	F	G	H	I

THIS IS TO CERTIFY, IF APPLICABLE, THAT THIS IS A TRUE COPY OF THE REMAINING RECORD IN THIS OFFICE.
 Date: JAN 3 1985
 State App. California Health Officer and Local Registrar of Births and Deaths of Orange County

094618

No. 094618
 FILED AND RECORDED AT REQUEST OF
 Patrick M. Reynolds
 July 20, 1990
 AT 30 MINUTES PAST 10 O'CLOCK
 A M. H. H. 91 OF OFFICIAL
 RECORDS PAGE 429 LINCOLN
 COUNTY, NEVADA
 FRANK C. HULSE
 COUNTY RECORDER

By [Signature], Deputy