

FILED FOR RECORDING
AT THE REQUEST OF

APN: 001-122-22

Barbara Mason

When recorded mail to:

2005 APR 18 AM 11 44

ADRIENNE GONZALES
1570 ALBINO DR
HENDERSON, NV 89015

LINCOLN COUNTY RECORDER
FEE \$16.00 DEP
ESLIE BOUCHER

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA

COUNTY OF LINCOLN

ADRIENNE GONZALES hereby swears (or affirms) under penalty of perjury, that the following assertions are true or his/her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am ADRIENNE GONZALES, the same person named as ADRIENNE GONZALES one of the grantees named in that certain Quitclaim Deed recorded as Document No. 120584 in; Book 175, Page 384, of the Official Records, in the Office of the County Recorder of LINCOLN County, State of Nevada.

3. The real property which is the subject of the above-described deed is located in the County of LINCOLN, State of Nevada, and is known as _____, Piöche, LINCOLN County, Nevada, and more specifically described as follows, to wit:

LOTS Fifty-five(55), Fifty-six(56), Fifty-seven(57), Fifty-eight(58)
IN BLOCK TWENTY-THREE(23) IN THE TOWN OF PIOCHE, NEVADA

Assessor's Parcel No. 001-122-22.

4. JERRY C. COOMBES, also one of the grantees named in said deed, is the identical JERRY CLAY COOMBES JR, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am his DAUGHTER.

5. As recited in the above-described Certificate of Death JERRY CLAY COOMBES JR, died on FEB. 10th, 2005, in BOULDER CITY, CLARK County, NEVADA.

Adrienne Gonzales
Adrienne Gonzales

JURAT

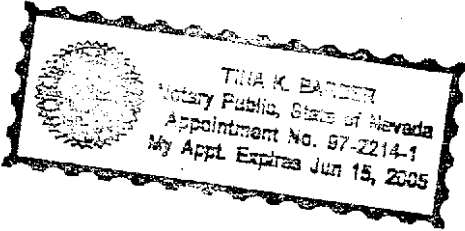
State of Nevada }
County of Clark } ss.

Subscribed and sworn to (or affirmed) before me
this 15th day of April, 2005, by

(1) Adnerine Gonzales
Name of Signer(s)

(2) _____
Name of Signer(s)

Tina K. Barber
Signature of Notary Public



OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit of Surviving Joint Tenant

Document Date: 04-15-05 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Jerry Clay		COOMBES Jr.		2. February 10, 2005		3a. Clark	
3b. Boulder City		3c. Boulder City Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
4. Male				3e. Inpatient			
5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
6. 68				7a. 68		8. Oct 17, 1936	
9a. California		9b. U.S.A.		10. 16		11. Divorced	
13. [REDACTED]		14a. Electrician / Retired		14b. Construction		12. [REDACTED]	
15a. Nevada		15b. Lincoln		15c. Pioche		15d. 17 Ely St.	
15e. No							
16. Jerry Clay		17. Thelma		18. Coombes Sr.		19. Hanson	
18a. Adrienne Gonzales - Daughter		13b. 1520 Albino Drive Henderson Nevada 89015					
19a. Burial		19b. Southern Nevada Veterans Memorial Cemetery		19c. Boulder City, Nevada			
20a. [Signature]		20b. [Signature]		20c. 800 S. Boulder Hwy., Henderson, Nevada 89015			
21a. [Signature]		21b. 2-15-05		21c. 10:56 PM		22a. [Signature]	
21d. [Signature]		21e. [Signature]		21f. [Signature]		22b. [Signature]	
23a. Herve Bezard, MD 895 Adams Blvd. Boulder City, NV 89005		23b. 5657					
24a. [Signature]		24b. FEB 16 2005		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) Sepsis		Interval between onset and death			
		(b) Bacterial Endocarditis		Interval between onset and death			
		(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		6. No		27. No			
28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]		28d. [REDACTED]	
28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]		28h. [REDACTED]	

STATE REGISTRAR

No. 281126

"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 40.175.

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

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By: [Signature]

Date Issued: FEB 17 2005

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223
 Tax ID# 88-0151573

BOOK 200 PAGE 128