

APN: 001-122-38

When recorded mail to:
ADRIENNE GONZALES
1520 ALBINO DR
HENDERSON, NV 89015

FILED FOR RECORDING
AT THE REQUEST OF
Barbara Mason
2005 APR 18 AM 11 44
LINCOLN COUNTY RECORDER
FEE \$16.00 DEP
LESLIE 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. 120583 in; Book 175, Page 388, 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 PISCHE, LINCOLN County, Nevada, and more specifically described as follows, to wit:
LOT FORTY-SEVEN (47) IN BLOCK TWENTY-THREE (23) IN THE TOWN OF PISCHE, NEVADA
Assessor's Parcel No. 001-122-38.
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

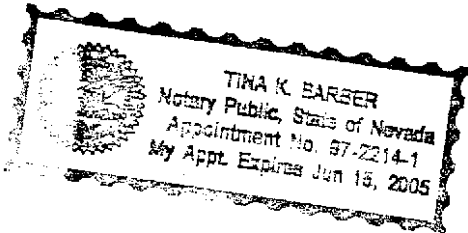
State of Nevada
County of Clark } ss.

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

(1) Adrienne 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		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Jerry Clay COOMBS Jr.		2. February 10, 2005		3a. Clark		COUNTY OF DEATH	
3b. Boulder City		3c. Boulder City Hospital		3e. Inpatient		4. Male	
5. White		6. No		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.	
16. Jerry Clay Coombes Sr.		17. Thelma Hanson		18b. 1520 Albino Drive Henderson Nevada 89015		19c. Boulder City, Nevada	
19a. Burial		19b. Southern Nevada Veterans Memorial Cemetery		20c. 800 S. Boulder Hwy., Henderson, Nevada 89015		20d. [Redacted]	
21a. [Signature]		21b. 2-15-05		21c. 10:56 PM		22a. [Signature]	
23a. Herve Bezard, MD 895 Adams Blvd. Boulder City, NV 89005		23b. 5657		24b. FEB 16 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE		(a) Sepsis		(b) Bacterial Endocarditis			
26. No		27. No		28a. [Redacted]		28b. [Redacted]	

TYPE OR PRINT IN PERMANENT BLACK INK

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

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

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