FILED FOR RECORDING

APN: 601-122-38 AT THE R	EQUEST OF
When recorded mail to:  Adriewae Gowzales  MGS APR 18	Massin
1520 ALDINO DR	AM 11 44 VTY REGORDER
AFFIDAVIT OF SURVIVING JOINT TENANT  LESLIE E	BOUCHER P
STATE OF NEVADA	_\ \
COUNTY OF LINCOLN	
hereby swears (or affirms) under penalty of perjury, following assertions are true or his/her own personal knowledge:	that the
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 Ackie NNE Gouzales, the same person named as Ackie NNE one of the grantees named in that certain Out to IRIM Deed recorded as Document No. 170583 in; Book 175, Page 788, of the Official Records, in the Office of the County Recorder of Line of Nevada.	3
3. The real property which is the subject of the above-described deed is locat in the County of Lincoln, State of Nevada, and is known as	
LOT FORTY-SEVEN (47) IN Block TWENTY-THREE (23) THE TOWN OF PIOCHE, NEVADA	in
Assessor's Parcel No. OCI - 122 - 38.	
4. JERRY C. Coombes, also one of the grantees named in said deed, is identical Jerry Clay Coombes JR, named as decedent in that certain Death C a certified copy of which is annexed hereto and made a part hereof. I am his Daug	Certificate
5. As recited in the above-described Certificate of Death JERRY CLAY Condiding on Feb. 1076, 2005, in Boulder City, CLARE	County,
Adriena Gonzalos	-

State of Newada	
County of Plank ss.	
<b>,</b>	Subscribed and sworn to (or affirmed) before me
	A
	this 15 day of april 2005, by  (1) Adriene Conzalis
	Name of Signer(s)
NOTHINA K BARBER	(2) Name of Signer(s)
Appointment of Novada	y valati
Appt Expires Jun 15, 2005	Signature of Notary Public
	OPTIONAL
Though the information in this section is not required fraudulent removal	d by law, it may prove valuable to persons relying on the document and could preve I and reattachment of this form to another document.
	RIGHT THUMBPRINT RIGHT THUMBPR OF SIGNER #1 OF SIGNER #
Description of Attached Document	Top of thumb here Top of thumb he
Title or Type of Document: Officiari	to of Surviving Joint Tenant
Document Date: 04-15-05	
Signer(s) Other Than Named Above:	NIA
	.,,

## DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

,						CERTIFI	CALLOF	DEAT	ΓH		·			
		LOCAL FILE	ENUMBER								,			
TYPE OR PRINT	DEC	EASED NAME	First	Midd	lle		Last	T ñā	TE OF DEATH	(Month Day	. 0		ILE NUMBER	
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ERMANENT		, TOWN OR LOCA	TION OF PEATLE			COOMBES	Jr.	2.	Febru	ary 1	10, 200	5   <sub>3a.</sub>	Clark	
				HOSE	TAL OR OTHER	INSTITUTION—Na	me (If not either, g	give street a	ind number)		Inst. Indicate Do ent (Specif.)			
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5.3	_	(ndian, etc.) (Sp	pecify)	specify Mexica	n, Cuban, Puerlo	n? Specify LI yes X Bloan, etc.	ino riyes, AGE Birli	E—Last Irday (Years)	UNDER 1	HAFI L	UNDER 1 DAY	DATE OF	BIRTH (Mo., Day, Yr.)	)
	5.	White		6.				68	7b.	7.13 7c.	IOONG INIMS	1	t 17, 1936	
F DEATH		TE OF BIRTH	introl	CITIZEN O	F WHAT COUN-		ation. Specify bi					DVIVIDAD CO	OUSE (If wile, give maide	) —
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SEE HANDBOOK REGARDING	SOC	IAL SECURITY NU	MRED			10 16			Divo		12.			
OMPLETION OF				Working L	ite, Even if Relired	Kind of Work Done	During Most of		KIND OF BUSI	ESS OR IN	DUSTRY			
SIDENCE ITEMS	13,			14a.	lectric	ian / Re	tired		146. Саг	struc				
1	RESI	DENCESTATE	COUN	ITY .		CITY, TOWN, OR		<b>_</b>	140	AND NUM	(6.2.01)			
<b>→</b>	45-	Na							STREE	SAND NUM	IBER		NSIDE CITY LIMITS Specify Yes of No)	
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RENTS			First	Mic	dle	Last	MOTHER-	MAIDEN N	AME FI	i <del>i</del>	Midd		Lasi	
1112716	16.	Jerry	CI	ay	Cag	mbes Sr.	. Tu	1				/\	Likii	
	INFO	FIMANT-NAME (T	ype or Print)	·		MAILING A	17. Th	nelma				Há	anson	
				_					(Street or R.	.D. No., Çi	ly or Town. State	, Zip)		
	18a.	Adrienno AL, CREMATION, F	e Gonzal	es - I	aughter	185 15	520 Albi	ino Di	rive He	inders	on Neva	da At	10115	
ſ	BUHI	AL, CREMATION, I	REMOVAL, OTHE	(Specify)	CEMETERY	OR CHEMATORY-	-NAME			LOCATION	V City	or Town	State	
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POSITION	FUNE	BAL DIRECTOR	SIGNATURE		FUNERAL D	hern Nevada V	CAND ADDDEED	CIAL LENG	every	19c. B.C	ulder (	ity,	Nevada	
17.	(Or P 20a.	enson Aging as fel	VI. 9/9	L-7	LICENSE N	IRESTOIT NAME	AND ADDRESS	OF FACILI	'' Palo M	e <b>rtuary</b> -	- Henderson			
	>	TYVU I	NVY /		₹0b.	) 20c.	800 S. Boul	der Hwy.	. Henderson	. Nevada	89015	1	\	
	્ર₹	tia. To the best of	if rky knowledge, o use(s) stated.	death occurred	a the time date a	ind place and		22a (	On the back of	overninolico	and/an last anti-	tion in my c	pinion death occurred	
	( 50	Signature on			$Q_{1}J_{1}J_{2}$	$\overline{}$		è ;	at the lime, date	and place :	and due to lite ca	ause(s) and	manner stated.	
	To be Compated by CERTIFYING HYSICIAN	DATE SIGNE	D (Mo., Day, Yp)	/ <del>/</del>	LYDUH OF DEAT			Signa DATE	ature and Title)	<b>&gt;</b>	The second name of the second	_ \	\	
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"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 140.175.

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

A CONTRACTOR OF THE PARTY OF TH

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

By:

Date Issued: FEB 1 7 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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