

FILED FOR RECORDING
AT THE REQUEST OFAPN: 001-122-18

When recorded mail to:

ADRIENNE GONZALES
1520 ALBINO DR
HENDERSON, NV 89015Barbara Mason
2005 APR 18 AM 11 45LINCOLN 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. 120582 in; Book 175, Page 380, 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 PiOche, LINCOLN County, Nevada, and more specifically described as follows, to wit:
LOTS FORTY-THREE (43), FORTY-FOUR (44), FORTY-FIVE (45), FORTY-SIX (46) IN BLOCK TWENTY-THREE (23) IN THE TOWN OF RIOCHE, NEVADA.
Assessor's Parcel No. 001-122-18.
4. JERRY C. COOMBS, also one of the grantees named in said deed, is the identical JERRY CLAY COOMBS 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 COOMBS JR. died on FEB. 10th, 2005, in BOULDER CITY, CLARK County, NEVADA.

Adrienne Gonzales
Adrienne Gonzales

JURAT

State of Nevada
County of Clark } ss.

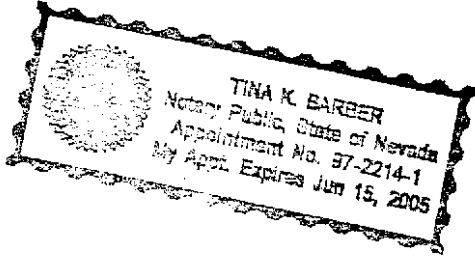
Subscribed and sworn to (or affirmed) before me

this 15th day of April, 2005, by
Date Month Year

(1) Adrienne Comales
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: 0-1

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		STATE FILE NUMBER	
1. Jerry Clay		COOMBS Jr.		2. February 10, 2005		3a. Clark	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indict. DOA, OP/Emer. Rm. Inpatient (Specify.)		SEX	
3b. Boulder City		3c. Boulder City Hospital		3e. Inpatient		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		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.)	
5. White				7a. 68		8. Oct 17, 1936	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 16		11. Divorced	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]		14a. Electrician / Retired		14b. Construction			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Pioche		15d. 17 Ely St.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. No					
FATHER—NAME				MOTHER—MAIDEN NAME			
16. Jerry Clay Coombs Sr.				17. Thelma Hanson			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Adrienne Gonzales - Daughter				18b. 1520 Albino Drive Henderson Nevada 89015			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION			
19a. Burial		19b. Southern Nevada Veterans Memorial Cemetery		19c. Boulder City, Nevada			
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting As Director)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 50		20c. Palm Mortuary - Henderson 800 S. Boulder Hwy., Henderson, Nevada 89015			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				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) and manner stated.			
Signature and Title				Signature and Title			
DATE SIGNED (Mo., Day, Yr.)				DATE SIGNED (Mo., Day, Yr.)			
21b. 2-15-05				21c. 10:56 PM			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b. PRONOUNCED DEAD (Mo., Day, Yr.)			
21d.				22c. PRONOUNCED DEAD (Hour)			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				22d. ON			
23a. Herve Bezard, MD 895 Adams Blvd. Boulder City, NV 89005				22e. AT			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) [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))		PART I		Interval between onset and death			
(a) Sepsis		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Bacterial Endocarditis		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)			
26. No		27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

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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