

APN: 001-122-17

FILED FOR RECORDING
AT THE REQUEST OF

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

Barbara Mason
2005 APR 18 AM 11 45

LINCOLN COUNTY RECORDER
FEE \$16.00 DEP
LIE BOUCHER

AFFIDAVIT OF SURVIVING JOINT TENANCY

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. 120581 in; Book 175, Page 378, 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:

LOT NUMBER FORTY-TWO (42) IN BLOCK TWENTY-THREE (23)
IN THE TOWN OF PIOCHE, NEVADA

Assessor's Parcel No. 001-122-17.

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

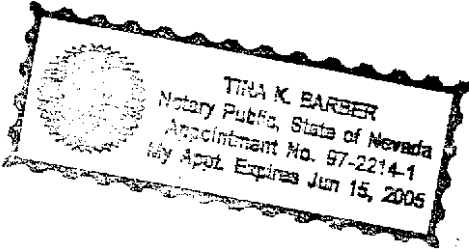
State of Nevada
County of Clark } ss.

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

(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 First Middle Last		DATE OF DEATH (Month, Day, Year)		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. Indicate DOA, OP, Emer. Fin. 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		6.		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. 15		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)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. No	
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 City or Town State			
19a. Burial		19b. Southern Nevada Veterans Memorial Cemetery		19c. Boulder City, Nevada			
FUNERAL DIRECTOR 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.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. 2-15-05		21f. 10:56 PM		22b. DATE SIGNED (Mo., Day, Yr.)	
21g. [Signature]		21h. [Signature]		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON	
21i. [Signature]		21j. [Signature]		22e. AT		22f. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		23b. LICENSE NUMBER		23c. 5657			
23a. Herve Bezard, MD 895 Adams Blvd. Boulder City, NV 89005		23b. [REDACTED]		23c. [REDACTED]			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) Juan Glenn, Deputy		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 (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.		AUTOPSY (Specify Yes or No)		26. No			
		26. No		27. 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.		28h.	

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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