

FILED FOR RECORDING
AT THE REQUEST OF

APN: 001-122-16

When recorded mail to:
ADRIENNE GONZALES
1520 A-16th DR,
HENDERSON, NV 89015

Barbara Mason
2005 APR 18 AM 11 45

LINCOLN COUNTY RECORDER
FEE \$16.00
LESLIE BOUCHER, DEP

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. 120580 in; Book 175, Page 376, 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 NO. FORTY (40), FORTY-ONE (41) IN BLOCK NO. TWENTY-THREE (23) IN THE TOWN OF PIOCHE, NEVADA

Assessor's Parcel No. 001-122-16

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

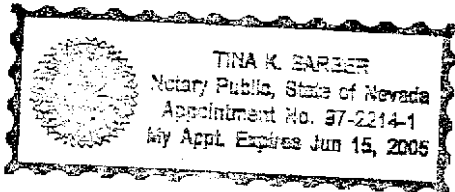
State of Nevada
County of Clark } ss.

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

(1) ADRIENNE COONZALES
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 | 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. Rm. Inpatient (Specify.) | |
| 3b. Boulder City | | 3c. Boulder City Hospital | | 3e. Inpatient | |
| 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) | |
| 5. White | | 6. | | 7a. 68 | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | Decedent's Education. Specify highest grade completed. | |
| 9a. California | | 9b. U.S.A. | | 10. 16 | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 13. [REDACTED] | | 14a. Electrician / Retired | | 11. Divorced | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | |
| 15a. Nevada | | 15b. Lincoln | | 15c. Pioche | |
| FATHER—NAME | | MOTHER—MAIDEN NAME | | INSIDE CITY LIMITS (Specify Yes or No) | |
| 16. Jerry Clay Coombes Sr. | | 17. Theima Hanson | | 15d. 17 Ely St. | |
| 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. <i>[Signature]</i> | | 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. | | | |
| 21b. 2-15-05 | | 21c. 10:56 PM | | 22b. DATE SIGNED (Mo., Day, Yr.) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 22d. ON | |
| 23a. Herve Bezard, MD 895 Adams Blvd. Boulder City, NV 89005 | | 23b. 5657 | | 23c. LICENSE NUMBER | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | |
| 24a. <i>[Signature]</i> | | 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 | |
| | | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| | | (b) Bacterial Endocarditis | | Interval between onset and death | |
| | | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| PART II | | (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 | |
| ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | |
| 28a. [REDACTED] | | 28b. | | 28c. | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | DESCRIBE HOW INJURY OCCURRED | |
| 28e. | | 28f. | | 28d. | |
| | | LOCATION. | | STREET OR R.F.D. No. | |
| | | 28g. | | CITY OR TOWN | |
| | | | | STATE | |

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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