ADI OOL ida II	FILED FOR RECORDING AT THE REQUEST OF			
APN: <u>00/-/12-/6</u>				
When recorded mail to:	Barbara Mason			
ACRIENNE GONZALES	2005 APR 18 AM 11 45			
1520 Albino DR. HENDERSON, NV 89015	LINCOLH COURTY DECORDER			
AFFIDAVIT OF SURVIVING JOINT TENANT ESLIE BOUCHER				
STATE OF NEVADA				
COUNTY OF LINCOLN				
Adrience Gonzales hereby swears following assertions are true or his/her own personal following assertions are true or his/her own personal following assertions are true or his/her own personal following assertions.	(or affirms) under penalty of perjury, that the sonal knowledge:			
1. I am over the age of twenty-one (21) as to the matters hereinafter stated.	years and competent to be a witness			
2. I am ACREANE GONZALE, the one of the grantees named in that certain Document No. 120580 in; Book 1720 Official Records, in the Office of the County Re	5, Page 3.76, of the			
State of Nevada.				
3. The real property which is the subje	ct of the above-described deed is located			
in the County of LINCOLN. State of Ne	vada, and is known as			
ProchE , Liwcolny Cas follows, to wit:	County, Nevada, and more specifically described			
Lots No. FORTY (40), FORTY	-ONE (41) IN Block NO. TWENTY-			
THREE (23) IN THE TOWN C	ONE (41) IN Block NO. TWENTY-			
Assessor's Parcel No. DOI-122-16				
identical TERRY CAY COOK DES TR., name a certified copy of which is annexed hereto and	of the grantees named in said deed, is the led as decedent in that certain Death Certificate, made a part hereof. I am his Daughter.			
5. As recited in the above-described C	Certificate of Death Jerry Clay Coombes Je.			
TEDITOLINICOS, III DOUKE	RCity, CLARK County,			
Nevada.	1			
	\bigcap_{i}			
	Adrienne Conzais			
	Adrienne Gonzales			

State of Newada County of Clark State of Newada	
,	Subscribed and sworn to (or affirmed) before me
	Cabsonica and swom to (or animited) before the
	this 13 day of Month Year, by
	this 15th day of Open 2005, by (1) AD Riennel Conzales Name of Signer(s)
	(2) ————————————————————————————————————
TINA K SARSER	Name of Signer(s)
Appointment No. 37-2214-1	Juna Fraku
My Acpt. Expires Jun 15, 2005	Signature of Notary Public
	— OPTIONAL
Though the information in this section is not required by la fraudulent removal and	aw, it may prove valuable to persons relying on the document and could prevent reattachment of this form to another document.
	RIGHT THUMBPRINT OF SIGNER #1 OF SIGNER #2
Description of Attached Document	
	Top of thumb here Top of thumb here
	/ / / /
Title or Type of Document: Affixuit o	of Surviving Soint terout
Title or Type of Document: Afficuit of Document Date: 04-15-05 Num	of Surviving Soint terout
Title or Type of Document: Affixuit o	of Surviving Soint terout
Title or Type of Document: Afficuit of Document Date: 04-15-05 Num	of Surviving Soint terout
Title or Type of Document: Afficuit of Document Date: 04-15-05 Num Signer(s) Other Than Named Above:	There of Pages:

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

*		CERTIFICATE O	F DEATH	
tom.	LOCAL FILE NUMBER	_	ł	
TYPE OR PRINT	DECEASED NAME First	Middle Lasi	DATE OF DEATH Aonth, Day, Year) COUNTY OF DEATH	
IN	i Jerry Ci	_		
ERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH		2 February 10, 2005 sa. Clark	
	OFF, TOWN OH LOCATION OF BEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either	give street and number) [Hesp, or list indicate DOA OP/Emp. Locy	
	36. Boulder City		Rm. Inpatient (Specif.)	
ECEDENT	BACE—le g. While Black America.	30 Boulder City Hospital	3e. Inpatient 4 Male	
	RACE—(e.g., While, Black, American Indian, etc.) (Specify)	Was Decident of Hispanic Origin? Specify ☐ yes (1) no if yes. A specify Mexican, Cuban, Puerto Rican, etc.	GE - Last UNDER 1 SAH UNDEH 1 AY DATE OF BIRTH (Mo., Day, Yr.)	
i	5 White	6.		
IF DEATH	STATE OF BIRTH		68 76. 7c. 8. Oct 17, 1936	
OCCURRED IN	(If not U.S.A., name country)	TRY grade completed	highest MARRIED, NEVER MARRIED, SURVIVING SPOUSE (II wife, give maiden name with married marri	
INSTITUTION SEE HANDBOOK	9a California	96. U. S. A. 10 16	(Specify/D) i up wound	
REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Dong Durter Mante	KIND OF BUSIN SSS ON INDUSTRY	
OMPLETION OF	40	Training Cite, Even it Hellieg)	KIND OF BUSINESS OR INDUSTRY	
SIDENCE ITEMS	13.	14a. Electrician / Retired	146. Construction	
	RESIDENCE—STATE COUN	TTY CITY, TOWN, OR LOCATION		
-> [tsa Marrada		(Specify Yes at Mal	
`		Lincoln 15c. Pioche	tsd. 17 Ely St. 15c. No	
RENTS	FATHER NAME First	Middle Last MOTHER	WADEN MANE	
PIGE 1	√ ^{16.} Jerry Cl		Last	
	INFORMANT—NAME (Type or Print)	lay Coombes Sr. 12. 7	helma Hanson	
		MAILING ADDRESS	(Street or R y D. No , City or Town Stale, Zip)	
	18a Adrienne Gonzal	les ~ Naumbtan 1500 Al	dan Bullion	
_	BURIAL, CREMATION, REMOVAL, OTHE	(Specify) CEMETERY OR CREMATORY—NAME	nino Drive Henderson Novada 89015	
		/	LOCATION City or Town State	
POSITION	19a. Buryal	196. Southern Nevada Veterans Nev	orial Cesetery 190. Boulder City, Nevada	
OUIT ON	FUNERAL DIRECTOR STONATURE	FUNERAL DIRECTOR NAME AND ADDRES	S OF FACILITY Palm Mertuary - Henderson	
l	20a. X/// X///	LICENSE NOMBER	Palm Mertuary - Henderson	
`	> 7 1 V V / V V V	20c. 880 S. Bot	ilder Hwy., Henderson, Nevada 89015	
ſ	Z Lia. To the best of my knowledge, of the to the cause's) stated.	death occupies of the time state and place and	22a. On the basis of examination and/or buy eligibles to much death	
Ĭ	Signature and Title	1/2/10	22a. On the basis of 'xamination and/or Investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
ŀ	DATE SIGNED (Mo., Day, Yes	1 - Land Char	ପ୍ର (Signature and Title)	
	En DATE SIGNED (Mo., Day, Year	DUH OF DEATH	DATE SIGNED (Mo., Jay, Yr.) HOUR OF DEATH	
	8월 21b. スー(5~05	21c 10 55 DM	E.C.	
RTIFIER	NAME OF ATTENDING PLYCE			
1	IER 21a. To the Best of rhy knywledge, death occupen of the time date and place and the to the cause(s) hated. 22a. On the basis of transition and/or introduced at the time, date and place and due to the cause(s) and marrier stated. 22b. DATE SIGNED (Mo., Day, Yr.) ADUH OF DEATH 21c. 10:56 PM NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAT (Mo., Day, Yr.) PRONOUNCED DEAT (Mo., Day, Yr.) PRONOUNCED DEAT (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)			
İ	5 210.			
	NAME AND ADDRESS OF CER	RTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMI	22d. ON (Ze. AT	
	Herve Poras	and Mix DOC 3.7	TEH, OH COHONER), (Type or Print) LICENSE NUMBER	
`	23a, HELVE BEZAI	rd,MD 895 Adams Blvd. Boulder	City, NV 89005 23b. 5657	
PORTIONS	REGISTRAR /	A A DATE RECEIVED	BY REGISTRAT (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE	
FANY CH GAVE ISE TO IEDIATE	24a. (Signature)	lana lagutta ECO	1 C 200E	
ISE TO		Will, wipung- 246 FED.	L 6 2005 24c. YES□ NO[Z]	
AUGE I	25. IMMEDIATE CAUSE (ENTER ON	NLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between onset and death	
ING THE I	PART (a)	•	interval pervent obset and begin	
ERLYING SE LAST	DUE TO OR AS CONSE	OUPLIES OF	/ / /	
1	, DOE 10 ON AS A CONSE	SOUBICE OF:	• Interval between onset and death	
	(b) Excellence	ral Endo carditis		
	DUE TO, OR AS A CONSE	DIRENCE DE		
- 1	(success of .	Interval between onset and death	
JSE OF	(c)			
EATH	PART OTHER SIGNIFICANT CONDITI	IONS—Conditions contributing to death but not resulting in the unde	tying cause given in Part 1. / UTOPSY (Sp. city WAS CASE DEFERRED TO	
	11	and and the finde	fying cause given in Part 1. AUTOPSY (Specify WAS CASE HEFERRED TO COHONER (Specify Yes or No.)	
	ACC SHICKE HOW THERE		6. No 27. No	
		PEINJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE F	OW INJURY OCCURRED	
- 1	(Specify) 28a. 28b.	28c. M 28d		
- 1				
]	(Specify Yes or No)	OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	STREET OR R.F. D. No. CITY OR TOWN STATE	
Ų	28e. 28f.	28g.		
		1 289.		
	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N. Dollar	
	1	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 140.175.

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

The state of the s

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

By:

Date Issue

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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