001-092-11 APN: <u>001-092-12</u>	FILED FOR RECORDING AT THE REQUEST OF
When recorded mail to:	Barbara J. Mason 2005 MAY 24 AM 11 09
A EFIDA VIT OF SUDVIV	LINCOLM COUNTY RECORDED FEED 16,00 DEP TING JOINT TENANT LESLIE BOUCHER 12
STATE OF NEVADA	ING JOHNT TENANT
COUNTY OF LINCOLN	
one of the grantees named in that certain GANT. Document No. 1/2706 in; Book 14. Official Records, in the Office of the County Rostate of Nevada. 3. The real property which is the subject in the County of Lincolar State of No. 1. Dene , Lincolar as follows, to wit: Assessor's Parcel No. 201-072-12 4. Jerry C. Coombes Ja., nar a certified copy of which is annexed hereto and	sonal knowledge: years and competent to be a witness same person named as BARBARA J.MASON (PARGINAND SALE Deed recorded as , Page 437, of the
died on FEBRUARY 18, 2005 in Bould	ER CITY, CLARK County,
	Baubara Masen

State of Nevada County of Lincoln

This instrument was acknowledged before me on 24 may 2005 by Barbara I. Mason

Alyxa Haumund



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	CERTIFICATE OF DEATH									
	LOCAL FILE NUMB						'	STATE EN E M	HIMED	
TYPE OR PRINT	DECEASED NAME First Mid		die Lasi			DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH				
M PERMANENT BLACK MK	1. Jerry City, town or Location o	Clay		COOMBES Jr.			ary 10, 20			
	If Hosp, or Inst, Indicate IX/A, OP/Emer. St									
DECEDENT	96. Boulder Cit PACE—(e.g., White, Black, Ame Indian, etc.) (Specify)	erican Was Decedent	of Hispanic Origin?	ity Hospid	yes, AGE-Last	;	∞. Inpatie	nt	4 Male	
ĺ	Indian, etc.) <i>(Specity)</i> 5. White	specify Mexican	, Cuhan, Puerto Ric	an, elc.	Birmxtay (Ye	MOS DA	YS HOURS MI	NS DATE OF BIRT		
IF DEATH	STATE OF BIRTH	I CITIZEN OF	WHAT COUN-	Decedent's Education	70. 68	7b.	7c.		7, 1936	
OCCURATED IN INSTITUTION	(If not U.S.A., name country)	Pr. U. S	l i	grade completed, 10. 16	. Specify rignest	MARRIED, NEVER WIDOWED, DIVOR (Specify) Divor	MARRIED,		(# wild, give makten name)	
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OC	CUPATION (Give KI)		ng Most of	KIND OF BUSINE	SS OR INDUSTRY	12.		
COMPLETION OF RESIDENCE ITEMS	DNOF Working Life, Even if Retired)									
1.	RESIDENCE-STATE	COUNTY	C	ITY, TOWN, OR LOC	ATION		AND NUMBER	INSIDE	CITY LIMITS	
→ (154. Nevada	15b. Lincol		∞ Piache		15d.	7 Elv St.	(5paci)	fy Yestor No) Na	
PARENTS	FATHER NAME Find	Midd	N-	Last	MOTHER MAIDE	N NAME First	, , , , ,	Viiddle	Last	
	INFORMANT NAME (Type or	Clay	Coomt		17. Theli			Hans	on	
• •	1 '			MAILING ADDR		· ·	D. No., City or Town, S			
	18a. Adrienne Go BURIAL, CREMATION, REMOV.	Onzales - Da	aughter	18b. 1520 CREMATORY-NAM	Albino	Drive Her	iderson Ne	vada 8901	5	
	- //-							City or Town	State	
DISPOSITION	19a. Bunyal FUNERAL DIRECTOR STATE	nust /	196. Southe	ra Nevada Veter	ans Memorial	Cesetery	™ Boulder	City, Ne	vada	
	20a. X Agrig has A	4/97					tuary – Henders	DD		
		hadradine, death consumers	the line fine	20c. 89	S. Beulder H	wy., Henderson,	Nevada 89015		\	
Į	Z 218. To the lest of hy to the to the cause(s)	philodge, death occupied	~ / , ~	hirror insid	β_ ²	2a. On the hasis of ea at the time, date a	ramination and/or investigation to the	iligation, in my opinion ile cause(s) and mann	1 death occurred or stated.	
ì	Entering Mo.	Day, Vy	MOUR OF BEATH	<u></u>] 23 (Signature and Title) DATE SIGNED (Mo., D				
OF THE PA	製 21b. スー15	~ / /		56 DM	€⊈	Transportation of the last of				
CERTIFIER	21b. 2 - 15 - S 21c. 10:56 PM 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. 21d. 22d. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (How)								/Hours	
ĺ					-			The state of the s		
ļ	NAME AND ADDRES	SS OF CERTIFIER (PHYS	ICIAN, ATTENDING	PHYSICIAN, MEDICA	L EXAMINER OR	COBONER) (Type or	Print I	LICENSE NU	MOER	
(REGISTRAR 4	Bezard,MD 8	95 Adams	Blvd. Bo	ulder Ci	ty,NV 8900)5	230. 57	(CZ \	
CONDITIONS IF ANY	1	. 7) 4.	Λ .	DATE RE	CEIVED BY REGIS	TRAR (Mo., Day, Yr.)	DEATH DUE TO CO	MMUNICABLE DISE	SE .	
F ANY WHICH GAVE RISE TO MMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSÉ (6	anvillan,	Mpuu	24b. [EB 16	CUUS	24c. YES 🗌	NO D	1	
CAUSE STATING THE	(,	NTER ONLY ONE CAUS	E PER LINE FOR (a);" (b), AND (c).)		1		Interval between	n onset and death	
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS	CONSEQUENCE OF:			<u> </u>				1	
1	(P.=	de oca	5.1.	- A/2	10	/	!	Interval between	n onset and death	
└	DUE TO, OR AS	列(人) (人) EA CONSEQUENCE OF:	> nae	caran	117	/	/	-		
Ú galles es	(c)				/ 1	\ /		interval between	n onset and death	
CAUSE OF DEATH	PART OTHER SIGNIFICAN	T CONDITIONS Condition	re contributing to de	eth but not resulting in	the underlying cau	se given in Part 1. Al	UTOPSY (Spec Yes or N	WAS CASE REF	ERRED TO	
				The same of the sa		26	F PEOR N	O) CORONER (Spe 27. N		
	ACC., BUICIDE, HOM, UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., I	Day, Yr.) HOUR OF	INJURY DE	SCAIBE HOW INJU					
	(Specify) 20a	296.	28c.	М 284		1 1	N.		ı	
	INJURY AT WORK (Specify Yes or No)		it home, fann, street iding, etc. (Specify)	, lactory, office LO	CATION.	STREET OR R.F.D	, No. CITY	OR TOWN S	TATE	
	28e,	281.	····	289	<u></u>		7944			
	:	/ /		1		1	, AL	201	100	
	1	/ / S	TATE REGIS	STRAR	N N		/ JAC	o. 281	TZD	

"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 440.175.

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

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

By:

Date Issued:

APR 27 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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