AFFIDAVIT - DEATH OF JOINT TENANT

LEONARD CAMPBELL, of legal age, being first duly swom, deposes and says:
That ANNETTE M. CAMPBELL , the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person asANNETTE_CAMPBELL
named as one of the parties in that certain GRANT, BARGAIN SALE DEED dated May 20, 1985.
executed by BEN H. MIDDLETON AND CORA P. MIDDLETON
to LEONARD CAMPBELL AND ANNETTE CAMPBELL, husband and wife
as joint tenants, recorded as Instrument No. 117664 , on May 22, 1985 , in
Book ***************************, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the 640 Carmel Way
Gardnerville, Nevada 89410 , County of Douglas , State of Nevada:
LOT 415, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.
A.P.N. 1220-21-810-236
Dated July 22, 1999
STATE OF NEVADA
COUNTY OF Douglas On July 22, 1999 appeared before me, a Notary Public,
Loopard Campbell ***********************************
personally known or proved to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument. Notary Public - State of Nevada Appointment Recorded in County of Douglas My Appointment Expires March 8, 2003
Signature Sheree Anne Sheets
(This area for official notarial seal)
Title Order No.00081802 Escrow or Loan No.
SPACE BELOW THIS LINE FOR RECORDER'S USE
RECORDING REQUESTED BY
Western Title Company, Inc. AND WHEN RECORDED MAIL TO
Name Leonard Campbell Street 640 Carmel Way
Gardnerville, NV 89410
City,State Zip

0472967 BK0799PG3758

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE	PEOF	LOCAL FILE NUMBE										STATE FILE		
OR PRINT	DECEAS	SED—NAME First	Mi	ddle		Last	٥	DATE OF	DEATH (Mo	nth, Day, Year)		COUNT	Y OF DEATH	
PERMANENT	1	Annet	te M		CAMPBE	LL	2	. Mar	ch 12	2, 1998		3a. Do	ouglas	
BLACK INK	CITY, TO	WN, OR LOCATION OF			INSTITUTION—Na	ne (If not either, g			ber) If	Hosp, or Inst. in	dicate DO/	A, OP/Emer.	SEX	
	3b. Ga	rdnerville	3c.	Vallev M	eadows Ca	are Cent	er		36	n. Inpatient (Sp.	tien:	٠	4. Fema	1e
DECEDENT	RACE—(e.g., White, Black, Amer	rican Was Deceder	nt of Hispanic Origi	n? Specify [] ves.f	no If yes, AGE	-Last		DER 1 YEA	R UNDER			TH (Mo., Day, Y	
	1	ndian, etc) (Specify)	specify Mexic	an, Cuban, Puerto	Rican, etc.	Birth 7a.	day (Year	,	S DAY			. 1/1	L 0 10	2.4
	5. Wh	ICE FRIRTH		OF WHAT COUNTRY	/ Decedent's Ed	cation. Specify	74	7b.	D. NEVER N	7c.			h 9, 19	
IF DEATH OCCURRED IN	(If not U.S	S.A., name country)	Tonizza (A MINI COUNTY	grade completed	ісацон. Зресну І.		MIDOINE	D DIVORC	ED	ada		(If wife, give maio	
INSTITUTION SEE HANDBOOK	9a. NO	rth Dakota						(Specify) Married 12Leonard F. Campbe.					pbe11	
REGARDING COMPLETION OF	SOCIAL S	SECURITY NUMBER	USUAL C	OCCUPATION (Give Life, Even if Retired	Kind of Work Done	During Most of		KIND OF	F BUSINES	S OR INDUSTR	Υ			
RESIDENCE ITEMS	13.	0742	14a.	Sales	Clerk			14b.		Retai	1 In	dustry		
1.	RESIDEN	CE—STATE	COUNTY		CITY, TOWN, OR	LOCATION			STREET A	ND NUMBER		INSIC	E CITY LIMITS	
-	15a. Ne		15b. Dougla	_	15c. Gardne			.]	15d. 6 / 4) Carme	l War	1.	city Yes or No) Yes	
	FATHER-	-NAME First		S. ddie	Last	MOTHER-	MAILEN		Janis	J Carme	Middle		Last	
PARENTS	16.											1		
		NTNAME (Type or Pri	int)		MAILING A	17.		16100	* a = D = D	No., City or Toy	un Cinta i	7-1		
	- 1		•					1	st or N.F.D.	NO., City or Tov	vn, State, 2	Δ(p)		
	18a. Le	Onard F. C	ampbell -	Husband	18b. 640	Carmel	Way	, Ga		rville,			410	
1	BUHIAL, C	CHEMATION, REMOVA	L, OTHER (Specify)	CEMETERY	OR CREMATORY	^{-NAME} Walt	on's	3	L	OCATION	City o	r Town	State	
DISPOSITION	19a. Cr	emation	-	19ь. Са	rson Sie	rra Crem	ator	CV	15	c. Cars	on C	ity, No	evada	
Diar Comon	I FUNCERAR	DIRECTOR—SIGNATU Acting as Such)	25	FUNERAL D	DIRECTOR NAME	AND ADDRESS	OF FACIL	LITYCar	nito1	City C	remai	tion &	Burial	
Į	20a. ➤	smmy	3,112	- 62°		1614 N.								
ſ	Z 21a	To the best of my know due to the cause(s) sta	wledge, death occur		and place and	No.	228.	. On the b	asis of exa	mination and/or	investigation	on, in my opini	ion death occurr	red
	To be Completed by CERTIFYING PHYSICIAN	(Signature and Title)		2/2			>	at the tin	ne, date an	d place and due	to the cau	ise(s) and mar	ner stated.	
	HYS	DATE SIGNED (Mo., E		HOUR OF DEAT	ГН		ā= <u>-</u>	196	d Title) B		THOUR (OF DEATH	<u> </u>	V-
	g S						를·2	/	5 (,,		DI DEATH	1	>
CERTIFIER	3g - 3g	NAME OF ATTENDING			216		8 g 22b.		1		22c.			<i>P</i>
	E E	NAME OF ATTENDING	S PHYSICIAN IF OTH	EH THAN CEHTIFI	EH (Type or Print)	1	ORT BE	DNOUNCE	D DEAD (A	1o., Day, Yr.)	PRONO	UNCED DEAD	(Hour)	
ļ	8	21d.		• •	7/1/2	The same of the sa	22d.	ON /			22e. AT			
		NAME AND ADDRESS	OF CERTIFIER (PH	SICIAN, ATTENDI	NG PHYSICIAN, MI	DICAL EXAMINE	R, OR C	ORONER). (Type or I	Print.)		LICENSE N	UMBER	
ι		23a.Dr. D. H	loskins, l	190 High	School	Street,	Mine	den,	Neva	da 8942	23	23ь. 4	628	
CONDITIONS	REGISTRA	A A	, ^		DAT	E RECEIVED BY	REGISTR	AR (Mo.,	Day, Yr 1	DEATH DUE TO	COMMUN	NICABLE DISE	ASE	
IF ANY WHICH GAVE	24a. (Signa	ture) > BU	reringa	Borena	24b	MAINI	6/7	7-119	191	24c. YES	моХ	1		İ
RISE TO IMMEDIATE	25. IMMED	IATE CAUSE (EN	TER ONLY ONE CAL	SE PER LINE FOR	(a), (b), AND (c).)	· cocce		No. of Lot					en onset and de	eath
STATING THE		Aruto	Acres	athor	-15	h	1		W.C.	£.	:			
UNDERLYING CAUSE LAST	PART	DUE TO, OR AS A	CONSEQUENCE OF	CV LUVI	OT CO	omai	-a	Lov	even	<u>es_</u>	•	Interval between		
1	(50./0	11	. (1	·	. \		1	700	h	:	interval betwe	en onset and de	eatn
	-	(b) SEVE	CONSEQUENCE OF	e pash	IC C	ast	0/	or	esis	<u> </u>	<u>:</u>			
-	j	DUE TO, OH AS A	CONSEQUENCE OF	• /		/ /	V		March 1		:	Interval betwe	en onset and de	eath
CAUSE OF		(c)				/	\		~~/		:			-
DEATH	PART	OTHER SIGNIFICANT	CONDITIONS—Condit	ions contributing to	death but not resulti	ng in the underlying	ng cause (given in P	art I. AU	TOPSY (Specity V or No) C	VAS CASE RE	FERRED TO ecity Yes or No)	
	ll .		/ /			\			26.	No			Yes	
	ACC., SUIC	CIDE, HOM., UNDET., NG INVEST.	DATE OF INJURY (MO	, Day, Yr.) HOUR	OF INJURY	DESCRIBE HO	W INJUR	Y OCCUR						
	(Specify) 28a.	NO INVEST	28b.	28c.	м	28d.								
	INJURY AT	r work	PLACE OF INJURY-	-At home, farm, street	et, factory, office	LOCATION.	+	STREET	OR R.F.D.	No.	CITY OR	TOWN	STATE	
	(Specify Ye	es or No)	281.	building, etc. (Special	9)	000	/						•	
/	200:	1 1 1	201.	-		28g.								
/			100							1	No	1164	115	
/ .			STATE REGISTRAR							'	40.	T T Q,	+ T O	
3				The Real Property lies, the Parks of the Par		and the same of th								
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3				m.					11.		(
Additional .	1.1 7.							`	-yv	onne		11/1	May de	18000
					he above is a		rrect c	юру	1			J -0	Charita	N. E.
				/ /	e in this offic	e.					*	<i>y</i> .		
ST. CO.		A STATE OF THE STA	Data lead	od MAR	1 7 1998						State Re	nistrar		TO THE
		97879 ₹ ₹	Date issu	Date Issued: MAR 1 7 1998						•	rais ne	-Aignai		Samm

REQUESTED BY

COTOLOG RECORDS OF

DRUGGERS COLLNEYADA

JUL 22 P2:21

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