

10-
RERECORDED DUE TO
SEQUENCE OF ORDER TO BE RECORDED
wjd

AP.N# 13-132-13

AFFIDAVIT-DEATH OF A JOINT TENANT

Jennifer K. Daniels, of legal age, being duly sworn, deposes and says

That ROBERT DANIELS, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Robert Daniels named as one of the parties in that certain DEED dated JAN. 20TH 1993, executed by William T. Jerdon to Robert Daniels and Jennifer K. Daniels, husband and wife as joint tenants, recorded as Instrument No. 297818, on January 21, 1993, in Book 193, Page 2933, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

LOT 82, AS SHOWN ON THE MAP OF RIDGEVIEW ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 27, 1972, IN BOOK 1272, PAGE 690, AS DOCUMENT NO. 63503.

EXCEPTING THEREFROM ALL MINERALS AND MINERAL RIGHTS AND WATER AND WATER RIGHTS.

Dated 6-14-99

STATE OF NEVADA)
COUNTY OF Douglas) SS.

On June 14th before me, the undersigned, a Notary Public in and for said State and County, personally appeared Jennifer Daniels

Jennifer K Daniels
Jennifer K. Daniels

Jennifer K Daniels

Type or print names under signatures

known to me to be the person whose name subscribed to the within instrument and acknowledged that he executed the same.

Signature Fern Kay Capra
Notary Public



(This area for official notarial seal)

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

AND WHEN RECORDED MAIL TO
NAME WILLIAM T JERDON
STREET ADDRESS 2185 KELSO LK RD
CITY & STATE ATHOL ID. 83801

SPACE BELOW FOR RECORDER'S USE

0473388

0470247

BK0799PG5021

BK0699PG2972

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 97 IMAGE 329

1306

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First: Robert Middle: Darrell Last: DANIELS, JR.		2. DATE OF DEATH (Month, Day, Year) May 28, 1999		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 10101 Double R Blvd.		3e. SEX Male	
5. RACE —(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 47	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education . Specify highest grade completed. 13½	
13. SOCIAL SECURITY NUMBER [REDACTED] 8012		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Pipeline Construction	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Indian Hills	
15d. STREET AND NUMBER 907 Garnet Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First: Robert Middle: D. Last: Daniels, Sr.			17. MOTHER—MAIDEN NAME First: Imelda Middle: Last:		
18a. INFORMANT—NAME (Type or Print) Jennifer Daniels			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 907 Garnet Ct., Carson City, Nevada 89706		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Carson Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jennifer Daniels</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 North Rood St., Carson City, Nevada 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Jennifer Daniels MD</i> DATE SIGNED (Mo., Day, Yr.) 06/01/1999			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. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____		
21b. DATE SIGNED (Mo., Day, Yr.) 06/01/1999			21c. HOUR OF DEATH 1356		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) SANJEEV BAKSHI MD			22b. PRONOUNCED DEAD (Mo., Day, Yr.) _____		
22d. CN			22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) SANJEEV BAKSHI MD 850 MILL ST RENO NV 89502					23b. LICENSE NUMBER 8947
24a. REGISTRAR (Signature) <i>Sandi Bridges</i> Dep.		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 2, 1999		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) METASTATIC ADENOCARCINOMA OF UNKNOWN ORIGIN					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				25. AUTOPSY (Specify Yes or No) NO	
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
29a. PLACE OF INJURY —At home, farm, street, factory, office building, etc. (Specify)		29b. LOCATION.		29c. STREET OR R.F.D. No.	
29d. CITY OR TOWN		29e. STATE			



STATE REGISTRAR

0470247

No. 145233

BK0699 PG 2974

This is to certify that the above is a true and legal copy of the certificate on file in this office.

0473388

Deputy Registrar: *Sandi Bridges*

Date: JUN 11 1999

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

(BK 799 PG 5022)

BK0799PG5023

0473388

REQUESTED BY
William T Jerdon
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JUL 29 P1:26

LINDA SLATER
RECORDER
\$ 9.00 PAID *OK* DEPUTY

0470247

BK0699PG2975

REQUESTED BY
William Jerdon
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JUN 14 A11:45

LINDA SLATER
RECORDER
\$ 10.00 PAID *OK* DEPUTY

COPY