

APN: 1220-16-610-066

MAIL TAX STATEMENTS TO:

ANITA JEFFERS
P.O. Box 2879
Gardnerville NV 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

ANITA COLLEEN JEFFERS, of legal age, being first duly sworn deposes and says:

That affiant is the surviving spouse of WAYNE ALAN JEFFERS, deceased.

That WAYNE ALAN JEFFERS, the decedent, is the same person as named as one of the parties in that certain Individual Grant Deed dated June 21, 1993 executed by Sandra L. Conka as Grantor to Wayne Alan Jeffers and Anita Colleen Jeffers, husband and wife, as Joint Tenants, Grantee, and recorded as Document No. 311543 on July 2, 1993 in Book 0793 at Page 0314, of the Official Records of Douglas County, State of Nevada, pertaining to the following described property situate in Douglas County, State of Nevada, commonly known as 1324 South Riverview Drive, Gardnerville NV 89410 being **Assessor's Parcel Number 1220-16-610-066** (old number 27-453-14), and more particularly described as follows:

Lot 133, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, Page 686, as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, Page 797, as Document No. 28377.

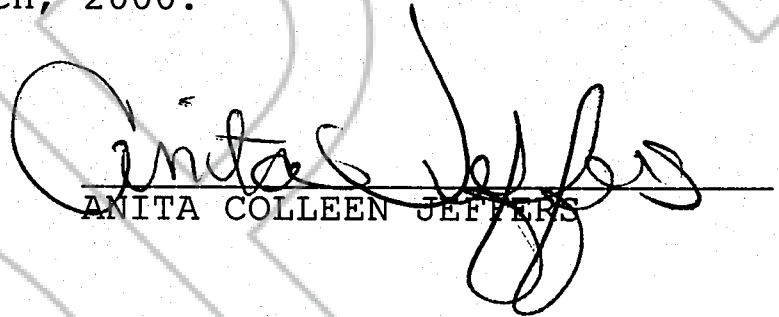
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That the said WAYNE A. JEFFERS died on the 1st day of January, 2000, in Douglas County, State of Nevada, as set forth in the Certificate of Death filed January 5, 2000, as document number 155590 with the Registrar of the State of Nevada, Department of Human Resources, which such Certificate of Death is attached hereto as **Exhibit A** and incorporated herein as though set forth fully.

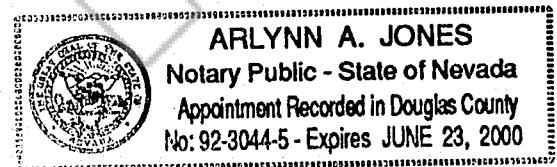
That all interest in and to said real property vested absolutely in affiant, ANITA COLLEEN JEFFERS, as of the date of said decedent's death.

DATED this 23 day of March, 2000.


ANITA COLLEEN JEFFERS

SUBSCRIBED and SWORN to before me this 23rd day of March, 2000.


Notary Public



✓ RECORDING REQUESTED BY AND MAIL TO:

ANITA COLLEEN JEFFERS
P.O. Box 2879
Gardnerville NV 89410

jeffers\joint.aff

COPY

EXHIBIT A

**0488645
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STATE OF NEVADA

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 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

LOCAL FILE NUMBER				STATE FILE NUMBER			
1. DECEASED—NAME First Middle Last Wayne A. JEFFERS			2. DATE OF DEATH (Month, Day, Year) January 1, 2000		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson Valley Medical Center		3e. Emergency Room Emergency Room		4. 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) MOS : DAYS 59		7c. UNDER 1 YEAR UNDER 1 DAY HOURS : MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Anita C. Dobyns	
13. SOCIAL SECURITY NUMBER 1031		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Expediter		14b. KIND OF BUSINESS OR INDUSTRY Federal Government			
15a. RESIDENCE STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER Drive 1324 S. Riverview	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER—NAME First Middle Last Everett Predmore			17. MOTHER—MAIDEN NAME First Middle Last Venla Bay				
18a. INFORMANT—NAME (Type or Print) Anita C. Jeffers			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1324 S. Riverview Dr., Gardnerville, NV 89410				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Mountain View Crematory		19c. LOCATION City or Town State Reno Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James M. [Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410				
21a. DATE SIGNED (Mo., Day, Yr.) 1/4/2000		21c. HOUR OF DEATH 1955		22a. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) A. Goldman M.D.		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Alla Goldman M.D. 1281 Kimmerling Rd, Ste A-15, Gardnerville, NV 89410				23b. LICENSE NUMBER 7909			
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 5, 2000		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).)						Interval between onset and death	
PART I (a) cardio-pulmonary arrest						Interval between onset and death	
(b) COFD						Interval between onset and death	
(c)						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED				
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE		

No.155590

STATE REGISTRAR

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

Yvonne Sylon

Date issued: **JAN 05 2000 88645**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY

Kelly R. Chase

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAR 27 PM 12: 51

LINDA SLATER
RECORDER

\$ 11.00 PAID *MS* DEPUTY

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