AFFIDAVIT - DEATH OF A JOINT TENANT APN#21-391-36

STATE OF NEVADA COUNTY OF DOUGLAS

} S.S.

NEW 1420-33-490-005

JOYCE B. SHELVER, of legal age, being duly sworn, deposes and says

, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as LYLE N. SHELVER named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated November 26, 1996, executed by PETE RASNER to LYLE N. SHELVER and JOYCE B. SHELVER, husband and wife as joint tenants, recorded as Instrument No. 401965, on November 27, 1996, in Book 1196, Page 5039, of Official Records of DOUGLAS County, Nevada, covering the following described County of DOUGLAS, State of Nevada. real property situated in the City of

Lot 58, for WILDHORSE ANNEX UNIT NO. 2, a Planned Unit Development, filed in the office of the County Recorder of Douglas County, Nevada, on October 10, 1994 in Book 1094, page 1490, Official Records of Douglas County, Nevada, as Document No. 348105.

SUBSCRIBED AND SWORN to before me this Aday of July, 2000.

Notary Public in and for said State

J. FLINT Notary Public - State of Nevada Appointment Recorded in Washoe County No: 98-1268-2 - EXPIRES MAR. 10, 2002

Title Order No.: DO25554-SH

Escrow or Loan No.:

DO25554-SH

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.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

And when recorded mail to:

JOYCE B. SHELVER 1288 Judy Street Minden, NV 89423

0495827

BK0700PG2206

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

1 1 1 2	First	Middle	Last	DAT	E OF DEATH (Month, Day, Year	STATE FILE	NUMBER Y OF DEATH
1. Lyle		Newcomb	SHELVE	The second second second	October 8,199	그 마시 이 말하다. 과모를	ouglas
CITY, TOWN, OR LO	CATION OF DEATH	HOSPITAL OR OTHER	R INSTITUTION—Name (If not			indicate DOA OP/Emer	SEX
3b. Minden		3c. 1288 Ju			3e.	peciny)	₄ Ma]
RACE—(e.g., White, Indian, etc) (S	Specify) sp	as Decedent of Hispanic Origonomics of the decify Mexican, Cuban, Puerto	gin? Specify □ yes □ x to If yes o Rican, etc.	1	UNDER 1 YEAR UNDER MOS DAYS HOURS	MINS DATE OF BIR	TH (Mo., Day,)
5. White STATE OF BIRTH	6.	CITIZEN OF WHAT COUNTR	Y Decedent's Education. S	7a. 70	7b 7c.		11,19
(If not U.S.A., name c			grade completed.	I Wi	DOWED, DIVORCED	SURVIVING SPOUSE	
9a. LOIOPAO SOCIAL SECURITY N		9b. U.S.A. USUAL OCCUPATION (GIV	10. 14 re Kind of Work Done During I	nost of K	Married No of Business on Industi	_{l2.} Joyce B	.Webst
13.	0628	Working Life, Even if Retire		1	чь Glass		
RESIDENCE—STATE			CITY, TOWN, OR LOCATION	NC	STREET AND NUMBER		DE CITY LIMITS
> Nevada	15b.	Douglas	15c. Minden		15d.1288 Judy	The state of the s	
FATHER—NAME	First	Middle	Last MC	THER—MAIDEN NA	ME First	Middle	Last
16. Lyle	(Type or Print)	Newcomb S	Shelver Sr. 17		Alice	Louise	F1ynr
			MAILING ADDRESS		(Street or P.F.D. No., City or To		
BURIAL, CREMATION	. Shelver		18b. 1288 J Y OR CREMATORY—NAME	udy Stree	et Minden, Neva	da 89423 City or Town	State
19a. Burial				Camata			- 70"
FUNERAL DIRECTOR	SIGNATORS	FUNERAL	ountain View DIRECTOR NAME AND AD	DRESS OF FACILIT	Walton Funera	Reno 1 Home	Neva
(Or Person Acting as S	W ML	LICENSE N			and Street Ren		503
Z 21a. To the bes	t of my knowledge, de cause(s) stated.			22a O	n the basis of examination and/o the time, date and place and du	r investigation in my onin	ion doath occu
ລີວິ ອຸຣຸ <i>(Signature</i>	_ \ \	M.C. St	rules, in	ار و	ure and Title)	ie to the cause(s) and mar	iner stated.
DATE SIGI	NED (Mo., Bay, Yr.)	HOUR OF DEA	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	DATE	SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
යි <u>ද</u> 21b. / ර	0/10/7	**/	L830	idwo 22b.		22c.	
NAME OF	ATTENDING PHYSIC	IAN IF OTHER THAN CERTIF	IER (Type or Print)				A Charles And Account
TO BE OF THE PER OF TH				PRON	DUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD	O (Hour)
NAME OF 21d.				22d. O	N	22e. AT	aling (files) in <u>a chiangara</u>
NAME AND	O ADDRESS OF CERT	TIFIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDICAL E	22d. O XAMINER, OR COF	N ONER). <i>(Type or Print.)</i>	22e. AT LICENSE N	UMBER
NAME AND	O ADDRESS OF CERT	TIFIER (PHYSICIAN, ATTEND	oing physician, medical e Reno, Nevada	22d. 0 XAMINER, OR COF 89503 Jol	N ONER) <i>(Type or Print.)</i> I n A Shields M	22e. AT LICENSE N 23b. 33	_{UMBER} 62
NAME AND 23a. 34	O ADDRESS OF CERT	TIFIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDICAL E Reno, Nevada DATE RECEI	22d. 0 XAMINER, OR COF 89503 Jol	N ONER). (Type or Print.) In A Shields M	D LICENSE N 23b. 33	_{UMBER} 62
NAME AND 23a. 34	ADDRESS OF CERT	TIFIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDICAL E Reno, Nevada DATE RECEI	22d. 0 XAMINER, OR COF 89503 Jol	N ONER) <i>(Type or Print.)</i> I n A Shields M	22e. AT LICENSE N 23b. 33 O COMMUNICABLE DISE	_{UMBER} 62
NAME AND 23a. 34 REGISTRAR 24a. (Signature)	ADDRESS OF CERT	TIFIER (PHYSICIAN, ATTEND treet #405, F	DING PHYSICIAN, MEDICAL E Reno, Nevada DATE RECEI	22d. 0 XAMINER, OR COF 89503 Jol	N ONER). (Type or Print.) In A Shields M	22e. AT LICENSE N 23b. 33 O COMMUNICABLE DISE	UMBER 62 FASE
REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSI PART (a)	ADDRESS OF CERT	TIFIER (PHYSICIAN, ATTEND treet #405, F White Holder Y ONE CAUSE PER LINE FO	DING PHYSICIAN, MEDICAL E Reno, Nevada DATE RECEI	22d. 0 XAMINER, OR COF 89503 Jol	N ONER). (Type or Print.) In A Shields M	22e. AT LICENSE N 23b. 33 O COMMUNICABLE DISE	UMBER 62 EASE een onset and
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STATE REGISTRAR

No.118102

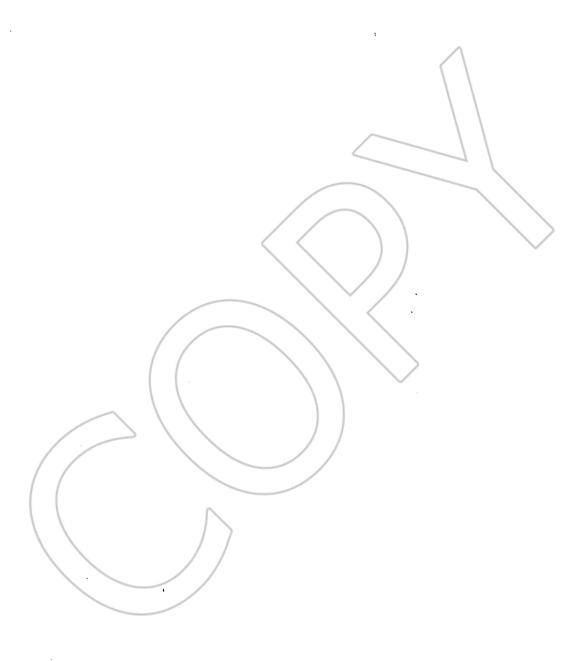


This is to certify that the above is a true and correct copy of the certificate on file in this office.

OCT 2 2 19970495827

State Registrar

(BK0700 PG2207)



REQUESTED BY
FIRST CENTENNIAL TITLE CO.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2000 JUL 17 PM 2: 37

LINDA SLATER RECORDER

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