

APN: 0000-05-241-240

**WHEN RECORDED MAIL TO:**

Michael J. Melarkey, Esq.  
Avansino, Melarkey, Knobel & Mulligan  
Wiegand Center  
165 West Liberty Street, Suite 210  
Reno, Nevada 89501

**MAIL TAX STATEMENTS TO:**

Donna R. Howell, Trustee  
3880 St. Andrews Drive  
Reno, Nevada 89502

**AFFIDAVIT OF SURVIVING JOINT TENANT**

(Lake Tahoe)

STATE OF NEVADA        )  
                                  )ss.:  
COUNTY OF WASHOE    )

DONNA R. HOWELL, of legal age, being first duly sworn, deposes and says:

That VIRGINIA RICHARDS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VIRGINIA RICHARDS named in that certain Quitclaim Deed dated January 6, 1988, executed by VIRGINIA RICHARDS and ROGER W. EDWARDS, to VIRGINIA RICHARDS, ROGER W. EDWARDS and DONNA R. HOWELL, and recorded April 15, 1988, as Document No. 176167, Official Records of Douglas County, Nevada covering the real property situated in the County of Douglas, State of Nevada, as described as follows:

Lot numbered forty-four (44) as the same is laid down, delineated and numbered upon a certain entitled "AMENDED PLAT OF THE ELKS SUBDIVISION: LAKE TAHOE, NEVADA", filed in the office of the County Recorder of said County of Douglas, January 5, 1928; subject however, at all times, to the By-Laws, Rules and Regulations of a certain Corporation created and existing under the Laws of the State of Nevada, whose name was formerly Nevada Elks Tahoe Association but whose name has since been legally changed to Elkpoint County Club, which shall in turn bind every subsequent

grantee, his or her executor, administrators, successors of Record in the office of the County Recorder of said County of Douglas in Book "D" of Miscellaneous Records and subsequent amendments are or will be therein recorded.

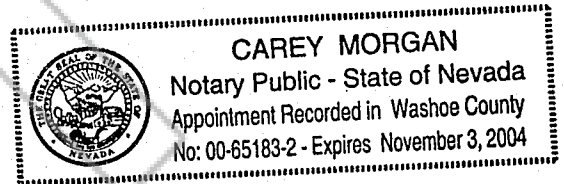
BEING the same premises conveyed herein by deed dated January 6, 1988 and recorded as Documents No. 176167, on April 15, 1988.

Dated: 8/31/01, 2001.

  
DONNA R. HOWELL

SUBSCRIBED AND SWORN to  
before me, the undersigned,  
a Notary Public in and for  
said County and State this  
31<sup>st</sup> day of August, 2001.

  
Notary Public



# 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 104 IMAGE 299  
LOCAL FILE NUMBER

1828

STATE FILE NUMBER  
COUNTY 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**

1. <b>Virginia RICHARDS</b>		2. <b>July 28, 2001</b>		3a. <b>Washoe</b>	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3b. <b>Reno</b>		3c. <b>3095 Lakeside Drive Apt. 311</b>		3a. <b>Female</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. <b>White</b>		6. <b>85</b>		7a. <b>85</b>	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. <b>Utah</b>		9b. <b>U.S.A.</b>		10. <b>13</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. <b>8407</b>		14a. <b>Legal Stenographer</b>		14b. <b>Law Firm</b>	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. <b>Nevada</b>		15b. <b>Washoe</b>		15c. <b>Reno</b>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. <b>Harold William Edwards</b>		17. <b>Mildred Nevada Ofield</b>		15d. <b>3095 Lakeside Dr.</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. <b>Donna Howell</b>		18b. <b>3880 St. Andrews Dr. Reno, Nevada 89502</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. <b>Cremation</b>		19b. <b>Sierra Crematory</b>		19c. <b>Reno, Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. <b>511</b>		20c. <b>2155 Kietzke Lane, Reno, Nevada 89502</b>	
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)		21c. <b>0621</b>		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.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. <b>7/31/01</b>		21c. <b>0621</b>		22b. <b>7/31/01</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. <b>Dr. John Horgan</b>		22d. <b>ON</b>		22e. <b>AT</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				LICENSE NUMBER	
23a. <b>Dr. John Horgan 7111 S. Virginia #D, Reno, Nevada 89511</b>				23b. <b>2833</b>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i> Dep.		24b. <b>July 31, 2001</b>		24c. 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)		Interval between onset and death			
(b)		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.				AUTOPSY (Specify Yes or No)	
26. <b>No</b>				27. <b>Yes</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. <b>28b.</b>		28c. <b>M</b>		28d. <b>28d.</b>	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28f. <b>28f.</b>		28g. <b>28g.</b>		28g. <b>28g.</b>	

No. 181705

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

Deputy Registrar:

*Barbara Lee Hunt*

05222206 3 2001

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Michael Melorkey Esq  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 SEP -6 AM 9:51

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID K2 DEPUTY

0522222

BK0901PG0933