

A.P. No. 1220-04-510-021  
Escrow No. 2002-59145-NMP

**WHEN RECORDED MAIL TO:**

Basilio Madrid  
1208 ROBERTSON RIDGE ROAD  
KING, NC 27021

**MAIL TAX STATEMENT TO:**

SAME AS ABOVE

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**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That Phyllis E. Madrid, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Phyllis E. Madrid named as one of the parties in that certain Joint Tenancy Deed dated January 6, 1972, executed by James Lee Construction, Inc., a Nevada Corporation to Basilio J. Madrid and Phyllis E. Madrid, husband and wife as joint tenants, recorded as Instrument No. 57253 on January 7, 1972 in book 95, page 395, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada:

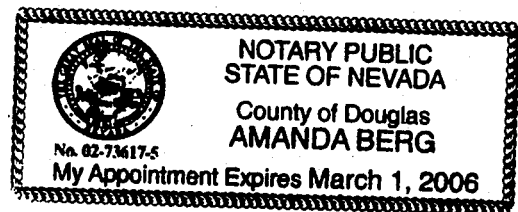
Lot 25, as shown on that certain map entitled final map of CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 1, filed in the Office of the Recorder of Douglas County, Nevada, on July 16, 1965.

Dated 3-26-02

Basilio J. Madrid  
Basilio J. Madrid

Subscribed and sworn to before me this 26<sup>th</sup> day of March, 2001  
By Basilio J. Madrid

Amanda Berg  
Notarial Officer



0538560

BK0402PG00446

# 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 60 IMAGE 98

LOCAL FILE NUMBER

2219

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

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1. DECEASED—NAME First Middle Last <b>Phyllis E. MADRID</b>			2. DATE OF DEATH (Month, Day, Year) <b>December 25, 1985</b>		3. COUNTY OF DEATH <b>Washoe</b>						
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Washoe Medical Center</b>		3d. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>					
4a. RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>		4b. ETHNIC <b>American</b>		5a. AGE—Last Birthday (Years) <b>62</b>		5b. UNDER 1 YEAR MOS : DAYS 5c. UNDER 1 DAY HOURS : MINS		6. DATE OF BIRTH (Mo., Day, Yr.) <b>January 7, 1923</b>		7. SEX <b>Female</b>	
8. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>			9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Basilio J. Madrid</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>	
13. SOCIAL SECURITY NUMBER <b>2467</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life—Even if Retired) <b>homemaker</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>					
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1330 Toiyabe Ave.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>			
16. FATHER—NAME First Middle Last <b>Sid Trolson</b>			17. MOTHER—MAIDEN NAME First Middle Last								
18a. INFORMANT—NAME (Type or Print) <b>Basilio J. Madrid</b>				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 122, Gardnerville, NV 89410</b>							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY—NAME <b>Masonic Memorial Gardens</b>			19c. LOCATION City or Town State <b>Reno Nevada</b>					
20a. FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) <i>Ray L. Henry</i>			20b. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home 312 S. Carson, Carson City, NV 89701</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) <i>San L. Abrass</i>						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) stated. (Signature and Title) <i>San L. Abrass</i>					
21b. DATE SIGNED (Mo., Day, Yr.) <b>Dec. 27, 1985</b>			21c. HOUR OF DEATH <b>10:30 A.M.</b>			22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo., Day, Yr.)			22e. PRONOUNCED DEAD (Hour)		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>G. L. Abrass M. D. 85 Kirman Ave. Reno, Nevada 89502</b>						22d. ON			22e. AT		
23. REGISTRAR			24a. (Signature) <i>Rudolph Sheer</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>December 27, 1985</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE 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) DUE TO, OR AS A CONSEQUENCE OF: <i>Melanoma</i>						Interval between onset and death					
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death					
PART I (c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						28. AUTOPSY (Specify Yes or No) <b>No</b>			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		
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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN STATE	

VITAL RECORDS

No 53993

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

**WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT**

ORIGINAL

**SEAL**  
 REGISTERED VITAL STATIST  
 DEPUTY REGISTRAR  
 THIS COPY IS REPRODUCED  
 PHOTOGRAPHICALLY FROM  
 MICROFILM RECORDS AND  
 MAY IN TIME CHANGE IN  
 COLOR OR APPEARANCE

JAN 14 1986

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COUNTY HEALTH DEPARTMENT  
 WASHINGTON COUNTY  
 DISTRICT HEALTH DEPARTMENT  
 WASHINGTON COUNTY

042423

REQUESTED BY  
**FIRST AMERICAN TITLE CO.**  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

2002 APR -1 PM 3:47

LINDA SLATER  
RECORDER

\$16<sup>00</sup> PAID *K2* DEPUTY

0238000

04/01/02 16:01:47