

### AFFIDAVIT - DEATH OF JOINT TENANT

LUCILLE R. LE GETTE, of legal age, being first duly sworn, deposes and says:  
 That NANCY SUE SWAFFORD, the decedent mentioned in the attached certified copy  
 of Certificate of Death, is the same person as NANCY SUE SWAFFORD  
 named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated JUNE 16, 2000  
 executed by COLLEEN A. WILLIS, SURVIVING TRUSTEE  
 to NANCY SUE SWAFFORD, A SINGLE WOMAN AND LUCILLE R. LEGETTE, AN UNMARRIED WOMAN  
 as joint tenants, recorded as Instrument No. 0495749, on JULY 14, 2000, in  
 Book 0700, Page 1909, of Official Records of DOUGLAS  
 County, Nevada, covering the following described property situated in the \_\_\_\_\_  
 \_\_\_\_\_, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 9, in Block A, as set forth on the Map of WESTWOOD PARK UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 1, 1986, in Book 586, Page 70, as Document 134244.

TOGETHER WITH an undivided 1/11 interests in and to the common area lying within the interior lines of the above mentioned subdivision.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \_\_\_\_\_.

Dated MAY 20, 2002

STATE OF NEVADA  
 COUNTY OF DOUGLAS

} *Lucille R. Le Gette*  
 S.S. LUCILLE R. LE GETTE

This instrument was acknowledged before me on  
MAY 20, 2002

by LUCILLE R. LE GETTE  
*Charlene L. Hanover*  
 Notary Public



(This area for official notarial seal)

Title Order No.00083255 Escrow or Loan No.6794318169

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY  
 Western Title Company, Inc.  
 AND WHEN RECORDED MAIL TO

Name LUCILLE R. LE GETTE  
 Street Address 1766 CLOVER COURT  
MINDEN, NV 89423  
 City, State Zip

0542681

# 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	LOCAL FILE NUMBER		STATE FILE NUMBER			
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
	1. Nancy Sue SWAFFORD		2. April 23, 2002	3a. Carson City		
DECEDENT	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)	SEX	
	3b. Carson City		3c. Carson Tahoe Hospital	3e. Inpatient /	4. Female	
	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White		6. 7a. 62		7b. :	7c. :	8. April 4, 1940
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a. Tennessee	9b. U.S.A.	10. 12	11. Never Married	12.	
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED] 1823	14a. Medical Records Technician		14b. 831 Hospital			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Minden	15d. 1766 Clover Ct.		15e. Yes	
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
	16. James F. Swafford		17. Georgia Mae Anderson			
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. Lucille LeGette		18b. 1766 Clover Ct., Minden, NV 89423			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State			
19a. Cremation		19b. Truckee Meadows Crematory		19c. Sparks, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. <i>Carol D Higgins</i>		20b. 20	20c. Neptune Society of Nevada 61 5401 Longley Lane, Suite 11, Reno, NV 89511			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>			
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		
	21b. <i>4/23/02</i>	21c. 1345	22b. :	22c. :		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		
21d.		22d. ON		22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER				
23a. Robert J. Flegler, M.D., 775 Fleischmann Way, Carson City, NV		23b. 9310				
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE				
24a. (Signature) <i>[Signature]</i>	24b. April 25, 2002	24c. 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) RHEUMATOID LUNGS	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)	DUE TO, OR AS A CONSEQUENCE OF:		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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. No				
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
28a.	28b.	28c. M	28d.			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
28f.	28f.	28g.				



STATE REGISTRAR

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

Date Issued:

APR 26 2002

State Registrar

No. 181646  
*Gyonne Sylva*

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY  
*Lucille LeGette*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2002 MAY 20 PM 4:48

LINDA SLATER  
RECORDER

\$15<sup>00</sup> PAID *[Signature]* DEPUTY

0542681

BK0502PG06254