

A.P.N. # 1220-04-112-008  
ESCROW NO. 020108898

RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**  
WHEN RECORDED MAIL TO:

**CONNIE MOORE**  
1281 PIT ROAD  
GARDNERVILLE, NV 89460

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
                          } ss.  
COUNTY OF Douglas }

**CONNIE MOORE** \_\_\_\_\_, of legal age, being first duly sworn, deposes and says:  
That DONALD HAMPTON MOORE \_\_\_\_\_, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as DON H. MOORE  
named as one of the parties in that certain Joint Tenancy Deed dated AUGUST 24, 1983  
executed by ROBERT O. CUNNINGHAM AND KATHERINE L. CUNNINGHAM  
to DON H. MOORE AND CONNIE MOORE, HUSBAND AND WIFE  
as joint tenants, recorded as Instrument No. 86383, on SEPTEMBER 1, 1983  
in Book 983, Page 041, of Official Records of Douglas  
County, Nevada, covering the following described property situated in the Douglas  
County, State of Nevada:

**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**



DATE: **November 22, 2002**

*Connie Moore*  
\_\_\_\_\_  
**CONNIE MOORE**

STATE OF NV }  
                          } ss.  
COUNTY OF Douglas }

This instrument was acknowledged before me on 12/20/02,  
by, **CONNIE MOORE**

Signature *Suzanne CheeChov*  
\_\_\_\_\_  
Notary Public

0561938

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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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Donald Hampton MOORE		2. February 15, 1999	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Valley Meadows Care Center		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
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)	
6.		7a. 76	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Montana		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. Connie Diaz	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 13		14b. State of Nevada	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED] 2420		14a. Food Manager	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1251 Knights Ln.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. James Moore		17. Ella Deck	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Connie Moore - Wife		18b. 1251 Knights Lane, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. Jimmy Burns		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 9		20c. 1478 Fourth Street, Minden, Nevada 89423	
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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 2/16/99		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0925		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Dr. D. Hoskins, 1190 High School Street, Minden, Nevada 89423		22e. AT	
LICENSE NUMBER		23b. 4628	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) Lisa R. Lyman		24b. Feb. 17, 1999	
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).)		Interval between onset and death	
PART I (a) Multiple CVAs = severe dysphagia		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Atherosclerotic Cerebrovascular Disease		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		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. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		HOUR OF INJURY	
28c. M		28d.	
DESCRIBE HOW INJURY OCCURRED			
28e.			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28f.		28g.	
		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

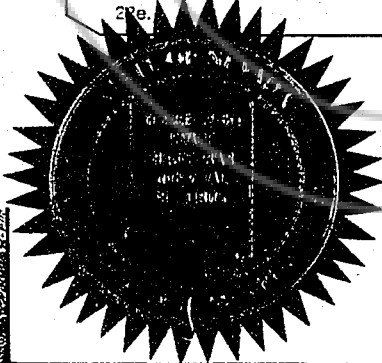
PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



STATE REGISTRAR

No. 139960

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

Date Issued: FEB 18 1999 0561938

*Yvonne Sylva*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BRT202PG1111

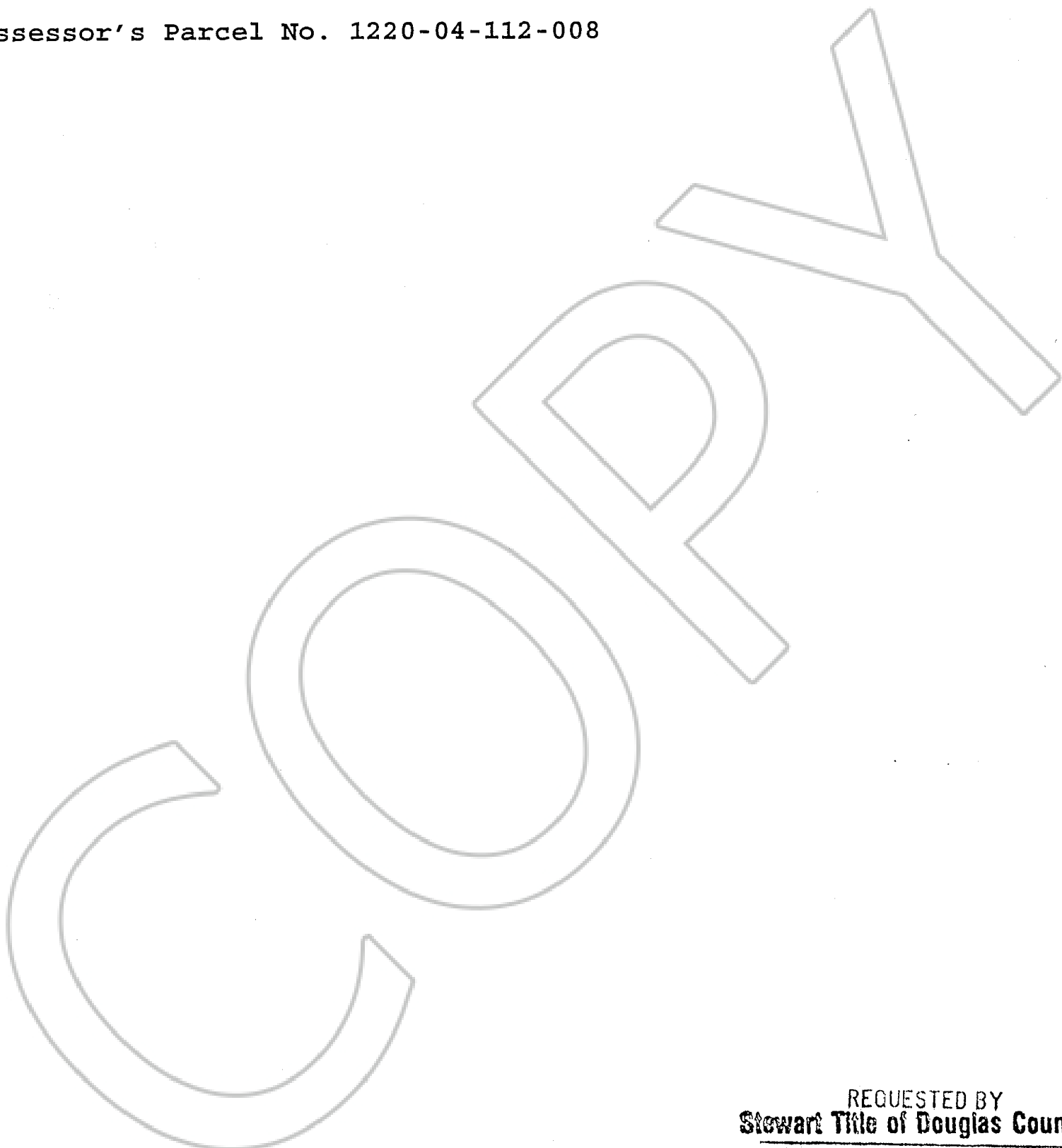
**EXHIBIT "A"**

**LEGAL DESCRIPTION**

ESCROW NO.: 020108898

Lot 33, as shown on the Map of KINGSLANE UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 20, 1971, as Document No. 55958.

Assessor's Parcel No. 1220-04-112-008



REQUESTED BY  
**Stewart Title of Douglas County**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 DEC 24 AM 11:31

LINDA SLATER  
RECORDER

<sup>50</sup>  
s/16 PAID *KJ* DEPUTY

0561938

BK 1202 PG 11178