

Recording Requested By

Placer Title Company

And when recorded mail to

JANE FORAKER-THOMPSON
2009 MASONIC DR
GARDNERVILLE, NV. 89410
Title no: 00088897-99
Escrow no. 17-59204

A.P.N. 1022-32-110-022

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 SEP 22 PM 4:17

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID AS DEPUTY

Space above this line for Recorder's use

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA,

ss.

COUNTY OF DOUGLAS

JANE FORAKER-THOMPSON, being first duly sworn, deposes and says: That EDWIN W. STOCKLY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain GRANT DEED, dated 7/6/00 executed by PATRICIA HARMON, AN UNMARRIED WOMAN, TO EDWIN W. STOCKLY AND JANE FORAKER-THOMPSON, HUSBAND AND WIFE AS JOINT TENANTS, recorded as document no, on 7/12/2000, in book 0700, page 1508, or instrument NO. 0495621, Official Records of DOUGLAS County, NEVADA, covering the following described property situated in the CITY GARDNERVILLE, County of DOUGLAS, State of NEVADA:

LOT 55, OF TOPAZ SUBDIVISION, ACCORDING TO THE MAP THEROF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 10, 1954, IN BOOK 1 OF MAPS, AS FILE NO. 9774.

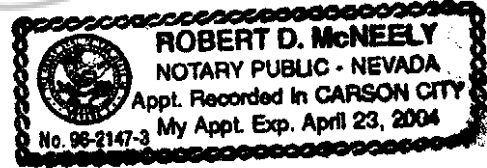
Dated: 8-20-2003

STATE OF NEVADA
) ss.
COUNTY OF CARSON CITY

Jane Foraker-Thompson
Signature of Affiant

Subscribed and Sworn to before me
this 20th day of August, 2003
Robert D. McNeely

Robert D. McNeely
NOTARY PUBLIC



0590834

BK0903PG12259

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

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Edwin Watson STOCKLY SR.		2. February 19, 2002		3a. Douglas		COUNTY OF DEATH	
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/Emr. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 2009 Masonic Dr.		3e. 6		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify [] yes [x] no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 76		8. Nov. 12, 1925	
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)	
9a. New York		9b. U.S.A.		10. 17 years		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. -5364		14a. Lawyer		178		12. Jane Thompson	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 2009 Masonic Dr.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. No	
16. George Jeffers Stockly		17. Sue Kearsley Watson		15e. No			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Jane Foraker-Thompson		18b. 2009 Masonic Dr. Gardnerville, NV. 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal		19b. Science Care Anatomical		19c. Phoenix, AZ.			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. Jimmy B...		20b. 9		20c. 53 1478 Fourth St. Minden NV. 89423			
20c. Walton's Douglas County Mortuary							
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.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 2-20-2002		21c. 0018		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT			
21d.							
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)		LICENSE NUMBER					
23a. Dr. James Holder M.D., 925 Ironwood Dr., Minden, Nv. 89423		23b. LA 9352					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) Ches B. Huchant...		24b. Feb. 21, 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).)							
PART I (a) DEHYDRATION						Interval between onset and death : 2 HRS	
(b) PNEUMONIA						Interval between onset and death : 4 DAYS	
(c) EMPHYSEMA						Interval between onset and death : 4 HOURS	
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. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		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	
28e.		28f.		28g.			



STATE REGISTRAR

No. 206980

Yvonne Sylva
0590834

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: **FEB 26 2002**

BK 0903 PG 12260

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT