Stewart Title of Douglas County

A.P.N. # 1022-16-001-116 ESCROW NO. 030104369 RECORDING REQUESTED BY: STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

JOAN J. FULLER 1104 38H STREET ANACORTES, WA 98221 Stewart Title of Douglas County

III OFFICIAL RECORDS OF

BOUGLAS COLLEGADS

2004 APR 28 PM 3: 41

WERNER CHRISTEN
RECORDER

GPAID KY DEPUTY

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA	}				
COUNTY OF DOUGLAS	} ss. }))	
JOAN J. FULLER		of	legal age hei	ng first duly swo	m denoses
and says: That REX A.	FULLER			nentioned in the a	
certified copy of Certificate	of Death, is the	same person as R	EX A. FU	LLER	
named as one of the parties i	n that certain	JOINT TENAN	CY DEED te	$_{ m d}$ April 19	, 1996
executed by REX A. FU	JLLER				
to REX A. FULLER	AND JOAN	J. FULLER,			
as joint tenants, recorded as	Instrument No.	385791		1 19, 1996	
in Book 496 , Page 3	3516	, of Official Rec	ords of DOU	GLAS	
County, Nevada, covering th	e following des	scribed property situ	lated in DOU	GLAS	
County, State of Nevada: SEE EXHIBIT "A"		\ \	\ .		F
DATE: February 03	3, 2004	JOAN	J. FULLE	Julle R	2_
STATE OF W	}	V			
COUNTY OF Dougle	} SS. }			SUZANNE CHE	ic ;
This instrument was acknow by, JOAN J. FULLE	ledged before 1 ?	me on 215704		STATE OF NEV/ Appt. Recorded in Doug My Appt. Expires June No: 99-36456	plas County 25, 2007
			······································	- North and the second of the	
Signature 40	Ro				
	one Inch Marg	in on all sides of De	ocument for l	- Recorder's Use C	Only)

0611646 BK0404PG14300

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

• 1		LOCALE	LE NUMBER	•					(STA	ATE FILE NUMBER
TYPE OR PRINT	/ D	ECEASEDNAME	First	Middle		Last		DATE OF DEAT	TH (Month, Day, Year)		COUNTY OF DEATH
IN PERMANENT	1.		Rex	Vincent A	nthony	FULLER			mber 16, 2	003	3a Bouglas
BLACK INK	"	ITY, TOWN OR LOC	* *				narer, give saee	n and number)	Rm. Inpatient (Spe-		
DECEDENT	31	Welli ACE (e.g., White, E	ngton		Granite		I AGE—Last	3e. UNDER 1 YEAR UNDER 1 DAY			4. Male
	`	Indian, etc.) (Specify)	specify Mexican, Cuban, F	pecify Mexican, Cuban, Puerto Rican, etc. Birthday ((Years) MOS DAYS HOURS MINS			
	5.	White	.	6. CITIZEN OF WHAT C	OUN- Decedent	s Education. Spe	7a. 82 ecity highest	7b.	7c.		Uuly 2, 1921 G SPOUSE (If wife, give maiden name)
IF DEATH OCCURRED IN	(#	not U.S.A., name o	ountry)	TRY	grade com	pleted.		TANDOMACD D	WADAEA	-	\
INSTITUTION SEE HANDBOOK	! _	grade completed. 10 J. S.A. 10. 16 Years 10. 16 Years 11. Married SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of KIND OF BUSINESS OR INDUSTRY)						/ '2 JO	an <u>DeSilva</u>		
REGARDING COMPLETION OF	3:		■ 5683		Working Life, Even if Retired) 14a. Executive Sales			14b. P1	1		
RESIDENCE (TEMS	I _	ESIDENCESTATE		INTY			OCATION S				INSIDE CITY LIMITS
└ >	1	a Nevad	n 15h	Douglas	15c, T	Vellingt	·on	15d.	3665 Gran	ite Wa	(Specify Yes or No) V 15e. Yes
	<u> </u>	ATHER-NAME	First	Middle	Last		HER-MAIDEN		First	Middle	Last
PARENTS	L 10	3.	Willard	0.	Fuller			Etl	hel :	Inez	Broad
	11	FORMANT—NAME	(Type or Print)	ar v Å	MAIL	ING ADDRESS		(Street o	FR.F.D. No., City or To	vn, State, Zip)	
	1 1	a. Joan F	uller -			_3665_C	ranite	Way,	Wellington	n, NV	89444
	В	URIAL, CREMATION	N, REMOVAL, OTH	IER (Specify) CEMI	TERY OR CREMA	TORY—NAME	V.		LOCATION	City or To	own State
DISPOSITION		a. Remov	<u>al/Buria</u>	196.	Masonio	: Cemete	ry		19c Des	Moine	s, Iowa
DIGI COLLIGIT	FI (C	UNERAL DIRECTOR Or Person Acting as	R—SIGNATURE Such)	/	NSE NUMBER	NAME AND ADL	. 760	1,07			Valley Funeral
	> —)a. 1	00 H	, death occurred at the time	217	20c. Home,					NV 89410
	ے اھ	due to the	cause(s) stated.	, death actined at the time	date and pace and	. M	$N \mid_{\mathcal{E}}$	at the time,	date and place and due	to the cause(s) and manner stated.
	Per Per	DATE SIG	and Title)	Hour o	F DEATH	7 300		lignature and Ti		HOUR OF	DEATH
	To be Completed	1. D ≧ 21b.	11/17	103	0930		s, eu	2 b.	E C	22c.	
CERTIFIER	96	NAME OF	ATTENDING PHY	SICIAN IF OTHER THAN C		Print)	B PI	RONOUNCED	DEAD (Mo., Day, Yr.)	PRONOUN	ICED DEAD (Hour)
	=	E 21d.	/				2	a. ON		22e. AT	·
	-	NAME AN	D ADDRESS OF C	CERTIFIER (PHYSICIAN, AT	TENDING PHYSICI	AN, MEDICAL EX	KAMINER, OR (CORONER). (T	ype or Print.)	Ī	ICENSE NUMBER
	<u> </u>	23a. A	ndrea L.	Miller M.D	., 1374 I						23b. 89 12
CONDITIONS IF ANY	R	EGISTRAR	_ \	ha		DATE RECEIV	VED BY REGIS	TRAR (Mo., Da	y, Yr.) DEATH DUE TO	COMMUNIC	ABLE DISEASE
WHICH GAVE		la. (Signature)		Mute	Control of the same	245. //02	عماس	8,20	24c. YES□		
RISE TO IMMEDIATE CAUSE		6. IMMEDIATE CAU	SE NENTER	ONLY ONE CAUSE PER LI	NE, FUH (a), (d), AN 7	ID (C).)		erika Tanan ang tanan		: ""	erval between onset and death
STATING THE UNDERLYING CAUSE LAST	P	ART (a)	TO, OR AS A CON	DOMA!	ores 1	are	st_		· · · · · · · · · · · · · · · · · · ·	e Int	erval between onset and death
1		UUE	10, OH AS A CON	SECULENCE OF	0.	. /	٠. / /::،		. 4	`	erval barroen (moet and dezur
 />		} (b)	TO, OR AS A CON	SEQUENCE OF:	ny					- Int	erval between onset and death
/	/	(mo	la to	12 1	ر د د	Aug X	o hos	patricia	len	
CAUSE OF	/ F	(C) ART OTHER S	IGNIFICANT CON	DITIONS—Conditions contrit	ruting to death but n	ot resulting in the	underlying cau	se given in Par	TT.IAUTOPSY /	SPECIFY WA	S CASE REFERRED TO
DEATH		H		•					26. No	or No) CO 27.	RONER (Specify Yes or No) NO
	Ā	CC., SUICIDE, HON R PENDING INVES	A., UNDET., DAT	E OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCF	RIBE HOW INJU	JRY OCCURRE		t.	
\	1 2	specify) Ba.	28b.	\	28c.	M 28d.					
1	11	JURY AT WORK Specify Yes or No)	PLA	CE OF INJURY—At home, building, etc.	arm, street, factory, . (Specify)	office LOCAT	ION.	STREET OF	R R.F.D. No.	CITY OR TO	WN STATE
. \	4 3	Be.	28f.			28g.					
/		MAL		///						No 2	246261
	36		1.	STATE	REGISTRA	R				110. 2	- · · · · · · · · · · · · · ·



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

Date Issued:

NOV 1 8 2003

0611646

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 030104369

Lot 37, in Block K, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Assessor's Parcel No. 1022-16-001-116

