

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

A.P.N.: 1420-18-214-120  
File No: 143-2140624 (JJ)

2004 JUL 15 PM 1:05

When Recorded, Mail To:  
Lynn EnEarl, Douglas County Administrator  
P.O. Box 1284  
Gardnerville, NV 89410

WERNER CHRISTEN  
RECORDER

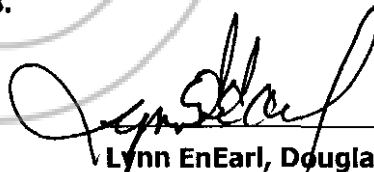
\$ 16.00 PAID *ce* DEPUTY

## AFFIDAVIT - TERMINATING JOINT TENANCY

**Darwin W. Baker**, of legal age, being first duly sworn, deposes and says:

That **Clara L. Baker**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Clara L. Baker** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **January 11, 1985** executed by **Joyce A. Bentley** to **Darwin W. Baker and Clara L. Baker** as joint tenants, recorded as Document No. **113847** on **February 22, 1985** in Book **285**, pages **1505 & 1506** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 61 OF BLOCK E AS SHOWN ON THE MAP OF SILVERADO HEIGHTS SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON SEPTEMBER 18, 1978 AS DOCUMENT NO. 25326 AND CERTIFICATE OF AMENDMENT OF THE FINAL PLAT OF SAID SUBDIVISION RECORDED AUGUST 23, 1979 IN BOOK 879 OF OFFICIAL RECORDS AT PAGE 1725, DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 35885 AND CERTIFICATE OF AMENDMENT OF THE FINAL PLAT OF SAID SUBDIVISION RECORDED OCTOBER 12, 1979 IN BOOK 1079 OF OFFICIAL RECORDS AT PAGE 1039, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 37638.**



Lynn EnEarl, Douglas County  
Administrator and Guardian for  
Darwin W. Baker

*7/14/04*  
Date


0618832


BK0704PG05764

STATE OF **NEVADA** )  
 )  
 ) :SS.  
 )  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on  
July 14, 2004, by

Lynn EnEarl

  
\_\_\_\_\_  
Notary Public  
(My commission expires: August 21, 2007 )

  
J. JONES  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-83980-5 - Expires August 21, 2007

0618832

BK0704PG05765

# 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	
1 DECEASED—NAME First Middle Last <b>Clara L. BAKER</b>		2 DATE OF DEATH (Month, Day, Year) <b>April 9, 1993</b>	
3 CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		4 COUNTY OF DEATH <b>Douglas</b>	
5 RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6 SEX <b>Female</b>	
7a AGE—Last Birthday (Years) <b>81</b>		7b UNDER 1 YEAR MDS : DAYS	
8c HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Cottonwood Care Center</b>		8d If Hosp. or Inst. indicate DOA, OP/Emer, Inpatient (Specify) <b>Inpatient</b>	
9a STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		9b CITIZEN OF WHAT COUNTRY <b>USA</b>	
10 Decedent's Education: Specify highest grade completed <b>12</b>		11 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12 SURVIVING SPOUSE (If wife, give maiden name) <b>Darwin W. Baker</b>		13a SEXUAL SECURITY NUMBER <b>[REDACTED]-4739</b>	
13b USUAL OCCUPATION (Have kind of work done during most of Working Life, Even if Retired) <b>Sales Person</b>		13c KIND OF BUSINESS OR INDUSTRY <b>Department Stores</b>	
14a RESIDENCE—STATE <b>Nevada</b>		14b COUNTY <b>Carson City</b>	
14c CITY, TOWN, OR LOCATION <b>Carson City</b>		14d STREET AND NUMBER <b>3322 Plymouth Dr.</b>	
14e INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		15 FATHER—NAME First Middle Last <b>Richard McMeakeen</b>	
16 MOTHER—MAIDEN NAME First Middle Last <b>Wray Melirnan</b>		17 INFORMANT—NAME (Type or Print) <b>Darwin W. Baker - Husband</b>	
18a MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3322 Plymouth Drive, Carson City, Nevada 89705</b>		18b	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY—NAME <b>FitzHenry's Funeral Home &amp; Crematory</b>	
19c LOCATION City or Town State <b>Carson City, Nevada</b>		20a FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b FUNERAL DIRECTOR LICENSE NUMBER <b>#36</b>		20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home &amp; Crematory 833 N. Edmonds Dr. Carson City, Nevada 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>[Signature]</i>		21b 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>	
21c DATE SIGNED (Mo., Day, Yr.) <b>April 12, 1993</b>		21d HOUR OF DEATH <b>0310</b>	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>David S. Hoskins, M.D. 1532 Hwy. 395, Gardnerville, Nevada</b>		21f	
21g		21h	
21i		21j	
21k		21l	
21m		21n	
21o		21p	
21q		21r	
21s		21t	
21u		21v	
21w		21x	
21y		21z	
22a		22b	
22c		22d	
22e		22f	
22g		22h	
22i		22j	
22k		22l	
22m		22n	
22o		22p	
22q		22r	
22s		22t	
22u		22v	
22w		22x	
22y		22z	
23a REGISTRAR <i>[Signature]</i>		23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>April 13 1993</b>	
23c IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>Acute Myocardial Infarction</b>		23d DEATH DUE TO COMMUNICABLE DISEASE <b>NO</b>	
23e PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Ischemic Cardiomyopathy</b>		23f INTERVAL BETWEEN ONSET AND DEATH	
23e PART I (b) DUE TO, OR AS A CONSEQUENCE OF: <b>Atherosclerotic cardiovascular disease</b>		23f INTERVAL BETWEEN ONSET AND DEATH	
23e PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Osteoporosis and Senility</b>		23f INTERVAL BETWEEN ONSET AND DEATH	
23g ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify) <b>28a</b>		23h DATE OF INJURY (Mo., Day, Yr.) <b>28b</b>	
23i HOUR OF INJURY <b>28c</b>		23j DESCRIBE HOW INJURY OCCURRED <b>28d</b>	
23k INJURY AT WORK (Specify Yes or No) <b>28e</b>		23l PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f</b>	
23m		23n	
23o		23p	
23q		23r	
23s		23t	
23u		23v	
23w		23x	
23y		23z	

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

Date Issued:

**APR 13 1993**

*[Signature]*  
STATE REGISTRAR

Deputy Registrar

No. 050882



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

0618832

BK0704PG05766