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Assessor's Parcel Number: 1022-10-002-104

Recording Requested By:

Name: ✓ IRENE G. CROSS
C/O DENNIS BUCK

Address: P.O. Box 1325

City/State/Zip Mariposa, CA 95338

Real Property Transfer Tax: _____

REQUESTED BY
Jack Sheehan
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 OCT 11 PM 2:38

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID KJ DEPUTY

AFFIDAVIT-DEATH OF A JOINT TENANT
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

Cbe docst:Cover page for recording

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1
2 **AFFIDAVIT-DEATH OF A JOINT TENANT**

3 STATE OF NEVADA)
4 : ss.
5 COUNTY OF DOUGLAS)

6 I, IRENE H. CROSS, of legal age, being duly sworn, deposes and says that CLIFFORD
7 L. CROSS, the decedent mentioned in the attached certified copy of the Certificate of Death, is
8 the same person as CLIFFORD L. CROSS named as one of the parties in that certain Grant,
9 Bargain and Sale Deed dated October 29, 1990, executed by WALTER S. LONG and ANNE K.
10 LONG, husband and wife, to CLIFFORD L. CROSS AND IRENE H. CROSS, husband and
11 wife as joint tenants with right of survivorship recorded as instrument number 237809, on
12 October 30, 1990 in Book 1090, Page 4599, of Official Records of Douglas County, Nevada,
13 covering the following described property:

14 Lot 158, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2,
15 filed for record in the office of the County Recorder of Douglas County, State
16 of Nevada, on February 20, 1967, in Book 47, page 761, as Document No. 35464.

17 APN: 1022-10-002-104

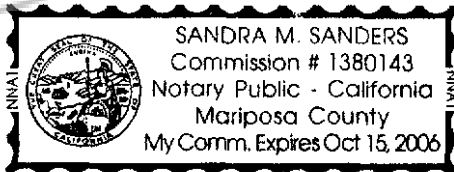
18 DATED this 14th day of May, 2004.

19
20 Irene H. Cross
21 IRENE H. CROSS

22
23
24 SUBSCRIBED and SWORN to before me

25 this 14 day of May 2004.

26 Sandra M Sanders
27 NOTARY PUBLIC



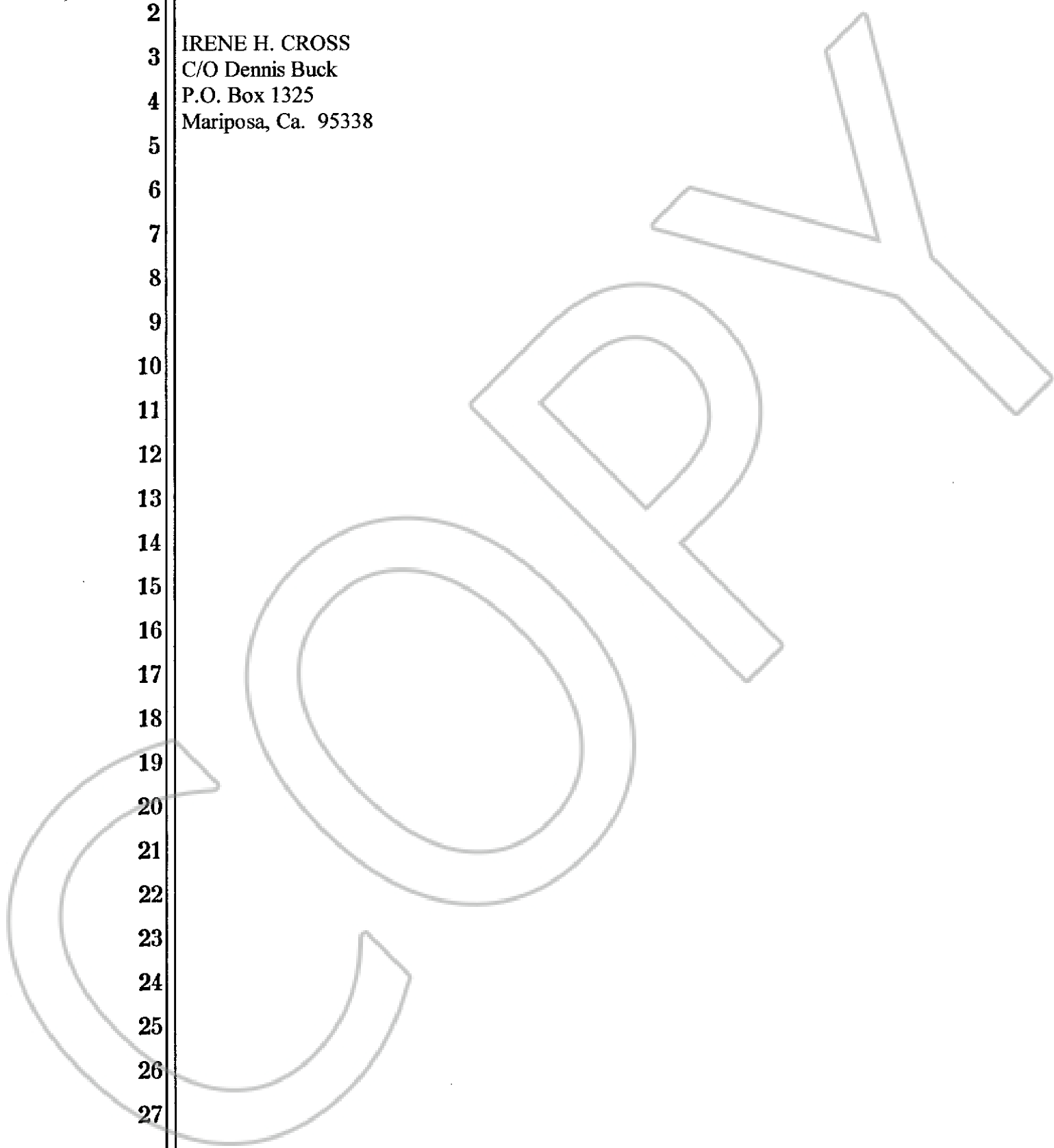
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BK 1004 PG 03855

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WHEN RECORDED MAIL TO:

IRENE H. CROSS
C/O Dennis Buck
P.O. Box 1325
Mariposa, Ca. 95338



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF ITEMS

PARENTS

DISPOSITION

CONDITIONS IF ANY ARISE TO CAUSE FATALITY THE PREVIOUS LAST

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Clifford Lewis CROSS		2. March 4, 2004	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)	
3b. Gardnerville		3c. Carson Valley Medical Center	
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.		DATE OF BIRTH (Mo., Day, Yr.)	
6. _____		8. September 28, 1911	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Wisconsin		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. _____0520		10. 14 Years	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Nurseryman		11. Married	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. Plants Industry		12. Irene Cano	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Wellington	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. Zeolite Cir 3840	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Robert D. Cross		17. Mary Winifred Bartholomew	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Irene Cross - Wife		18b. 3840 Zeolite Cir, Wellington, NV 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		FitzHenry's Carson Valley Funeral	
FUNERAL DIRECTOR LICENSE NUMBER		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
20b. 217			
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.) 03/08/2004		DATE SIGNED (Mo., Day, Yr.)	
21b. 03/08/2004		22b. _____	
HOUR OF DEATH 1600		HOUR OF DEATH	
21c. 1600		22c. _____	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. _____		22d. ON _____	
21e. AT _____		22e. AT _____	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Judith E. Rosso D.O., 1107 Hwy 395, Gardnerville, NV 89410		23b. 750	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. March 10, 2004	
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) Respiratory arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Myocardial Infarction		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Coronary Artery Disease		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26. No		27. YES	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
26a. _____		28b. _____	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. _____		28d. _____	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. _____		28f. _____	
LOCATION.		STREET OR R.F.D. No.	
28g. _____		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No.252608

04458

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 10 2004

0626332

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

BK 1004 PG 03857

