

16
REQUESTED BY
Alice Walker
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 DEC -8 PM 4: 28

WERNER CHRISTEN
RECORDER

\$16 PAID K2 DEPUTY

APN: 1420-37-710-011

RECORDING REQUESTED BY:
Alice Walker

WHEN RECORDED MAIL TO:

✓ Name Alice Walker
Street 1555 Downs Drive
Address Minden, Nevada
City, State 89423
Zip

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

Alice Walker, of legal age, being first duly sworn, deposes and says:

That Alvin Henry Walker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Alvin H. Walker named as one of the parties in that certain Grant, Bargain Sale Deed dated September 26, 1989 executed by Jules Morganstern and Helga Morganstern to Alvin H. Walker and Alice Walker, husband and wife as joint tenants, recorded as instrument No. 212408, on October 4, 1989, in Book 1089, Page 481, of Official Records of Douglas County, Nevada, covering the following described property situated in the Unincorporated, County of Douglas, State of Nevada:

Lot 11, as shown on the map of SIERRA VIEW SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960, in Book 02, Page 105, as Document No. 15897.

APN 1420-34-710-011

0631386

BK 1204 PG 03672

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 10.00.

Dated December 8, 2004

Alice Walker
Surviving Joint Tenant ALICE WALKER

STATE OF NEVADA

COUNTY OF Douglas

} SS

This instrument was acknowledged before me on December 8, 04.

Deborah L Mellon

by Alice Walker

Deborah Mellon
Notary Public



0631386

BK1204PG03673

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Alvin Henry WALKER		2. November 27, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPEmer. Rm. Inpatient (Specify)	
3c. Evergreen Mountain View Care Center		3e. Inpatient	
SEX		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		December 27, 1930	
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. 73	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A.	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 14 Years		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		12. Alice Nides	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████ 9409		14a. Land Surveyor	
KIND OF BUSINESS OR INDUSTRY		14b. Land Development	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1555 Downs Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Alvin Walker		17. Beatrice A. Gould	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Alice Walker - Wife		18b. 1555 Downs Drive, Minden, NV 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
LOCATION City or Town State		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. 833 N. Edmonds Drive, Carson City, NV 89701	
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.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 11/30/04		22b. 11/30/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 19:40		22c. 19:40	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
22e. AT		LICENSE NUMBER	
23a. Laurence Gay, M.D., 3050 N. Ormsby Blvd., Carson City, NV 89706		23b. 5152	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>Jaimie Evans</i>		24b. December 1, 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) Cardiac arrest		seconds	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:	
(b) Dehydration		days	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:	
(c) Widely metastatic prostate cancer		3 months	
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		27. yes	
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		DESCRIBE HOW INJURY OCCURRED	
28c. M		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. 276540

34399

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: DEC - 1 2004

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

[Signature]
0631386
STATE REGISTRAR

BK 1204 PG 03674

