

OFFICIAL RECORD

Requested By:
JULY J WRIGHT/CARE LAW

APN: 1320-32-812-026

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0205 PG- 9545 RPTT: 0.00

MAIL TAX STATEMENT TO:



Randall B. Wood
945 Arrowhead Drive
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Helen L. Wood hereby swears and affirms under penalty of perjury that the following assertions are true:

1. The Affiant is one of the grantees named in the Deed recorded in the Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 1481 Hussman Blvd., City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

Per the attached legal description, incorporated herein by this reference.

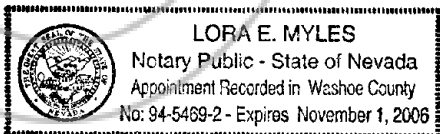
2. Vernon J. Wood, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 28th day of December, 2004, in the County of Douglas, State of Nevada.

3. Vernon J. Wood and the Affiant purchased the above described property as joint tenants with right of survivorship.

Dated this 27 day of January, 2005.

Helen L. Wood

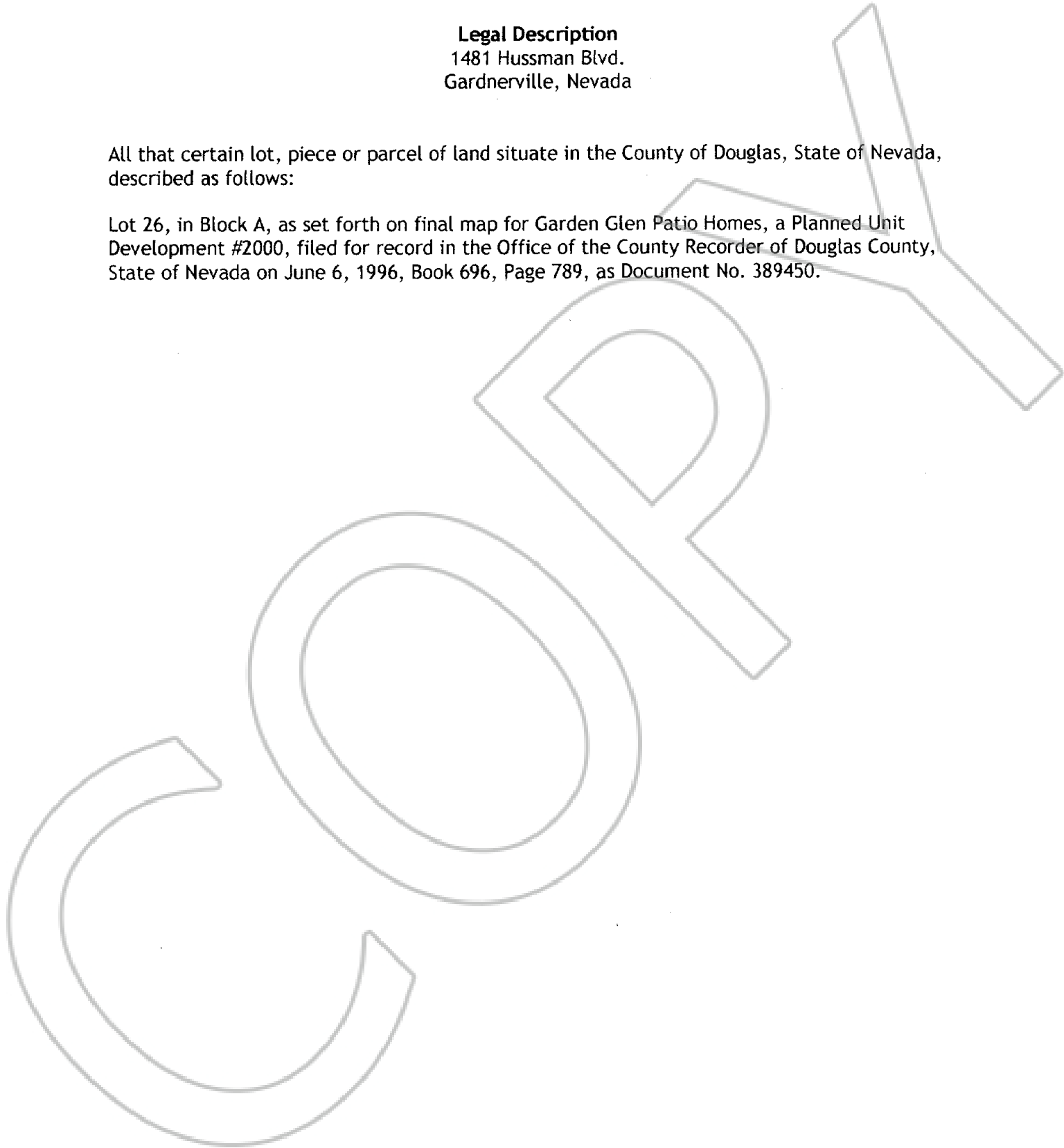
Subscribed and Sworn to before me this 27 day of January, 2005, by Helen L. Wood.



Legal Description
1481 Hussman Blvd.
Gardnerville, Nevada

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada,
described as follows:

Lot 26, in Block A, as set forth on final map for Garden Glen Patio Homes, a Planned Unit
Development #2000, filed for record in the Office of the County Recorder of Douglas County,
State of Nevada on June 6, 1996, Book 696, Page 789, as Document No. 389450.



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

2004 0018051

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Vernon Jack WOOD		2. December 28, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Carson Valley Residential Center		3e. Inpatient 5	
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. <input type="checkbox"/>		8. December 17, 1916	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 86		11. Married	
UNDER 1 YEAR MOS : DAYS		SURVIVING SPOUSE (If wife, give maiden name)	
7b. :		12. Helen Myers	
UNDER 1 DAY HOURS : MINS		7c. :	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Montana		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. 4748		10. 12 Years	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Metal Smith		14b. U.S. Government	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. Kimmerling Rd. 1189	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Russell		17. Gertrude McCarthy	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Helen Wood - Wife		18b. 1189 Kimmerling Rd. Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Northern Nevada Veterans	
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		48 FitzHenry's Carson Valley Funeral	
20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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. 12/29/04		22b. 12/29/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 01:32		22c. 01:32	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		22d. ON	
22e. AT		LICENSE NUMBER	
23b. 8912		REGISTRAR	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. January 4, 2005	
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cardiopulmonary arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Congestive heart failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
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)	
Cerebrovascular accident		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. 28a.		28b. 28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. 28c.		28d. 28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. 28e.		28f. 28f.	
LOCATION.		STREET OR R.F.D. No.	
28g. 28g.		28h. 28h.	
CITY OR TOWN		STATE	
28i. 28i.		28j. 28j.	

STATE REGISTRAR

No. 280413

33396

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:

JAN 27 2005

STATE REGISTRAR

This copy is not valid unless:



BK- 0205
PG- 9547

