

DOC # 0638431
03/08/2005 03:17 PM Deputy: KLJ
OFFICIAL RECORD
Requested By:
STEWART TITLE

A.P.N. # 1420-18-214-102
ESCROW NO. 05040579 / 050500553
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0305 PG- 3161 RPTT: 0.00



WHEN RECORDED MAIL TO:

PATSY M. WARREN
PO Box 1224
Glade Water, TX 75647

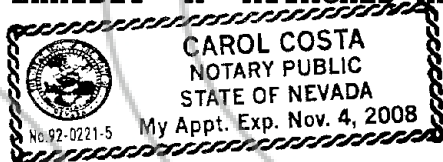
(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Carson City } ss.

PATSY M. WARREN, of legal age, being first duly sworn, deposes and says: That **WILLIAM L. WARREN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **WILLIAM L. WARREN** named as one of the parties in that certain **GRANT DEED** dated 2-18-2004 executed by William & Patsy Warren to **PATSY M. WARREN AND WILLIAM L. WARREN, WIFE AND HUSBAND** as joint tenants, recorded as Instrument No. 605470, on 2-18-2004 in Book 0204, Page 10084, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF



DATE: **February 23, 2005**

Patsy M. Warren
PATSY M. WARREN

STATE OF Nevada }
COUNTY OF CARSON CITY } ss.

This instrument was acknowledged before me on February 24, 2005 by, PATSY M. WARREN

Signature *Carol Costa*

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

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 OF PRINT IN PERMANENT INK
DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK
COMPLETION OF SOURCE ITEMS
RENTS
POSITION
CERTIFIER
CONDITIONS ANY GAVE USE TO IMMEDIATE CAUSE DURING THE UNDERLYING CAUSE LAST
USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <u>William Lee WARREN</u>		2. <u>January 21, 2005</u>	3a. <u>Carson City</u>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. <u>Carson City</u>		3c. <u>3344 Plymouth Drive</u>	3e. <u>4. Male</u>
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. <u>White</u>	6.	7a. <u>67</u>	8. <u>Sept. 28, 1937</u>
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education: Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. <u>Oklahoma</u>	9b. <u>U.S.A.</u>	10. <u>10 Years</u>	11. <u>Married</u>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. <u>0616</u>	14a. <u>Carpenter</u>	14b. <u>Construction</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. <u>Nevada</u>	15b. <u>Carson City</u>	15c. <u>Carson City</u>	15d. <u>3344 Plymouth Dr.</u>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. <u>Bert Warren</u>		17. <u>Ruby Snoddy</u>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <u>Michael Warren - Son</u>		18b. <u>2001 Altos Circle, Placerville, Ca. 95667</u>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. <u>Removal/Burial</u>	19b. <u>Mt. Vernon Memorial Park</u>	19c. <u>Fair Oaks, California</u>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <u>[Signature]</u>	20b. <u>217</u>	20c. <u>833 N. Edmonds Dr. Carson City NV. 89701</u>	
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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <u>1/24/05</u>		22b. <u>[Signature]</u>	
HOUR OF DEATH		HOUR OF DEATH	
21c. <u>19:40</u>		22c. <u>[Signature]</u>	
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. <u>Guy Foster, M.D. 200 Bath St., Carson City, NV 89703</u>			23b. <u>10196</u>
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <u>[Signature]</u>	24b. <u>January 24, 2005</u>	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) <u>Respiratory Arrest</u>	DUE TO, OR AS A CONSEQUENCE OF:	
PART I	(b) <u>Lung Cancer</u>	DUE TO, OR AS A CONSEQUENCE OF:	
PART I	(c)	DUE TO, OR AS A CONSEQUENCE OF:	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. <u>no</u>
AUTOPSY (Specify Yes or No)		27. <u>no</u>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. <u>M</u>	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

STATE REGISTRAR

No. 280460

14099

CERTIFIED COPY OF VITAL RECORDS

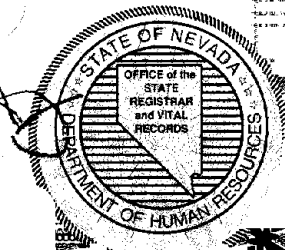
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JAN 24 2005**

This copy is not valid unless prepared

[Handwritten Signature]

STATE REGISTRAR



**EXHIBIT "A"
LEGAL DESCRIPTION**

Order No.: 050500553

The land referred to herein is situated in the State of Nevada,
County of DOUGLAS, described as follows:

Lot 70, 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 13,
1979, in Book 1079 of Official Records, at Page 1039,
Douglas County, Nevada, as Document No. 37638.

Assessors Parcel No. 1420-18-214-102.

