

OFFICIAL RECORD

Requested By:

WESTERN TITLE

APN: 1022-16-002-031

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-0505 PG- 6433 RPTT: 0.00

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:



Name ELIZABETH L. TUCKER
Street C/O Western Title Co.
Address 1626 Hwy. 395
City, State Minden, NV 89423
Zip

Order No. 00090883-201-LS

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

ELIZABETH L. TUCKER, of legal age, being first duly sworn, deposes and says:

That ROBERT W. TUCKER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT W. TUCKER named as one of the parties in that certain GRANT DEED dated FEBRUARY 9, 2001 executed by RONALD J. TUCKER AND DONNA TUCKER to ROBERT W. TUCKER AND ELIZABETH L. TUCKER as joint tenants, recorded as instrument No. 0509788, on MARCH 2, 2001, in Book 0301, Page 0711, of Official Records of Douglas County, Nevada, covering the following described property situated in the WELLINGTON, County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 25, in Block K, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

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 \$ 0.

Dated April 13, 2005

Elizabeth J. Tucker
Surviving Joint Tenant

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS

This instrument was acknowledged before me on MAY 10 2005.

by ELIZABETH L. TUCKER
Lori Mae Silva
Notary Public



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	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
	1. Robert	W.	TUCKER	2. March 8, 2005	3a. Douglas	COUNTY OF DEATH
CEDENT	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)	SEX
	3b. Wellington	3c. 1520 Flint Rd.		3e. Male	4. Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	7a. 72	7b. :	7c. :	8. July 2, 1932
RENTS	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)	SURVIVING SPOUSE (if wife, give maiden name)	
	9a. California	9b. U.S.A.	10. 13 Years	11. Married	12. Elizabeth Tompkins	
POSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13. 5974	14a. Truck Driver	14b. Trucking Industry			
RTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Wellington	15d. 1520 Flint Rd.	15e. Yes	
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE DURING THE DERLYING USE LAST	FATHER—NAME	MOTHER—MAIDEN NAME	MAILING ADDRESS			
	16. John M. Tucker	17. Maude L. Whitman	18. Elizabeth Tucker - Wife 18c. 1520 Fling Rd. Wellington, Nevada 89444			
USE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION			
	19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada			
DATE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
	20a. [Signature]	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
DATE OF DEATH	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)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	(Signature and Title)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
DATE OF DEATH	21b. 3/11/05	21c. 1555	22b. PRONOUNCED DEAD (Mo., Day, Yr.)	22c. PRONOUNCED DEAD (Hour)		
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22d. ON	22e. AT		
DATE OF DEATH	23a. Andrew Tang M.D., 1520 Virginia Ranch, Gardnerville, NV 89410		LICENSE NUMBER		23b. 8365	
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
DATE OF DEATH	24a. (Signature)	24b. March 16, 2005	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
DATE OF DEATH	PART I	(a) DUE TO, OR AS A CONSEQUENCE OF:	CARDIOPULMONARY Arrest		Interval between onset and death : Minutes	
	PART I	(b) DUE TO, OR AS A CONSEQUENCE OF:	PREMIUM Thoracic Aneurysm		Interval between onset and death : Minutes	
DATE OF DEATH	PART I	(c) DUE TO, OR AS A CONSEQUENCE OF:				
	PART I	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)		
DATE OF DEATH	28. No	27. Yes				
	ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	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



BK- 0505
PG- 6435

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CERTIFIED COPY OF VITAL RECORDS

No. 283681

69757

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 16 2005

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

