

**OFFICIAL RECORD**

Requested By:  
MELVIN ROSE

APN: 1420-28-210-026

RECORDING REQUESTED BY:  
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name MELVIN A. ROSE  
Street 1272 SANTA FE CT.  
Address  
City,State MINDEN, NEVADA  
Zip 89423

Order No.

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0605 PG- 340 RPTT: 0.00



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT - DEATH OF JOINT TENANT**

MELVIN A. ROSE, of legal age, being first duly sworn, deposes and says:

That SHIRLEY DARLENE ROSE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SHIRLEY D. ROSE named as one of the parties in that certain CORPORATION GRANT DEED dated March 13, 1997 executed by PERRY DILORET of DI LERTO CONSTRUCTION AND DEV. to MELVIN A. ROSE AND SHIRLEY D. ROSE as joint tenants, recorded as instrument No. 0408461, on March 14, 1997, in Book 0397, Page 2202, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the n/a, County of DOUGLAS, State of Nevada:

Lot 32, of SARATOGA SPRINGS ESTAES, UNIT #2, filed in the office of the Douglas County Recorder on May 23, 1994, in Book 594, Page 3894, as Document #338088 and amended by document recorded July 8, 1994, in Book 794, Page 1165, as document #341498, Official Records.

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<sup>00</sup>.

Dated June 1, 2005

*Melvin A. Rose*  
Surviving Joint Tenant- MELVIN A. ROSE

STATE OF NEVADA  
COUNTY OF DOUGLAS

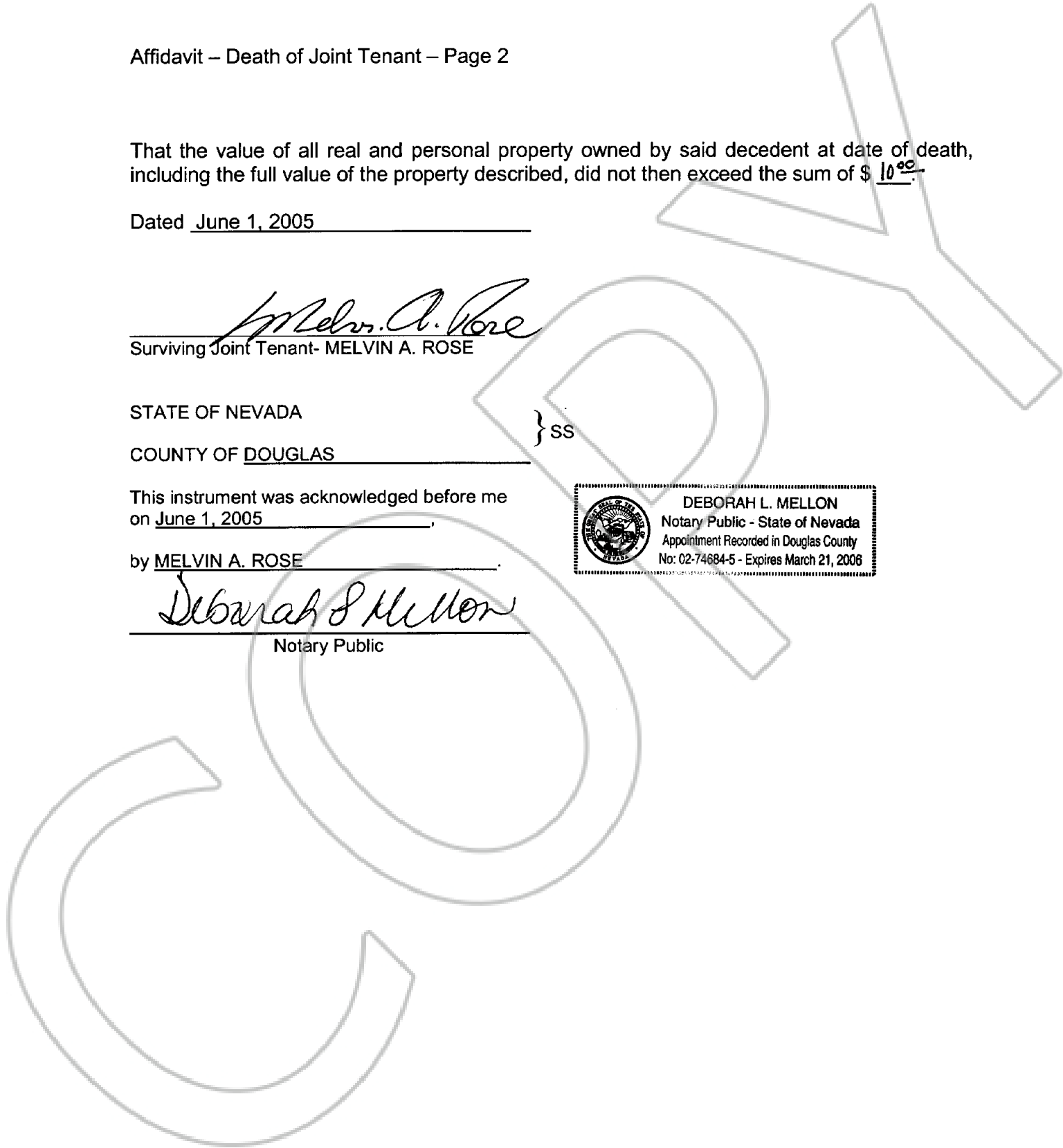
} SS

This instrument was acknowledged before me on June 1, 2005,

by MELVIN A. ROSE



*Deborah L. Mellon*  
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**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Shirley Darlene ROSE		2. May 19, 2005	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Carson City		3c. Carson Tahoe Hospital	
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.	
5. White		6.	
AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
7a. 67		7b.	
UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)	
7c.		8. January 16, 1938	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Missouri		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████ 6764		14a. Homemaker	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1272 Santa Fe Court	
INSIDE CITY LIMITS (Specify Yes or No)		KIND OF BUSINESS OR INDUSTRY	
15e. yes		14b. Own Home	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Earl Milton Wood		17. Dorothy Russell	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Melvin A. Rose - Husband		18b. 1272 Santa Fe Court, Minden, NV 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Lone Mountain Cemetery	
LOCATION City or Town State		19c. Carson City, NV	
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. (Signature and Title) <i>Michael Goralka, M.D.</i>		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>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 5-23-05		21c. 2343	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
22e. AT		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Michael Goralka, M.D., 2874 N. Carson St. #200, Carson City, NV 89706		23b. 8584	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>[Signature]</i>		24b. May 24, 2005	
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) Congestive Heart failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Ischemic Cardiomyopathy		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. 12troccaus Sepsis, Pneumonia, Acute Renal Failure		26. no	
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.		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. 286950

65952

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: MAY 24 2005

This copy is not valid unless prepared



STATE REGISTRAR

BK- 0605  
PG- 342

