

A.P.N.# 1220-22-110-027
ESCROW NO. CHAR
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

DOC # 0646618
06/10/2005 04:11 PM Deputy: BC
OFFICIAL RECORD
Requested By:
SUSAN MCDOLE

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0605 PG- 4774 RPTT: 0.00



WHEN RECORDED MAIL TO:

✓ SUSAN L. MCDOLE
780 Long Valley
Gardnerville, Nv 89460

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

SUSAN L. MCDOLE, of legal age, being first duly sworn, deposes and says: That KERRY R. MCDOLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KERRY R. MCDOLE named as one of the parties in that certain JOINT TENANCY DEED dated March 13, 1992 executed by WEST RIDGE DEVELOPMENT AND CONSTRUCTION, INC., A NEVADA CORP to KERRY R. MCDOLE and SUSAN L. MCDOLE, Husband and Wife as joint tenants, recorded as Instrument No. 280354, on June 05, 1992 in Book 692, Page 1031, 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

CHARLENE L. HANOVER
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires February 3, 2007
No: 98-2565-5

Charlene L. Hanover

DATE: June 06, 0505

Susan L. McDole
SUSAN L. MCDOLE

STATE OF Nevada }
 } ss.
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on June 10, 2005,
by, SUSAN L. MCDOLE

Signature *Charlene L. Hanover*

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

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: CHAR

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

Lot 54, as shown on the Map of Gardnerville Ranchos Unit No. 5,
filed for record on November 4, 1970 in the Office of the County
Recorder of Douglas County, Nevada, as Document No. 50056.

A.P.N. 1220-22-110-027



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

BK- 0605
 PG- 4776
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 0646618 Page: 3 of 3 06/10/2005

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Kerry Riley MCDOLE		2. December 19, 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, OPEmer. Rm. Inpatient (Specify)	
3c. Carson Valley Medical Center		3e. Emergency Room	
SEX		4. Male	
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. No	
AGE—Last Bktday (Years)		UNDER 1 YEAR	
7a. 57		MOS : DAYS	
7b. 57		7c. 0	
UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
HOURS : MINS		8. March 23, 1957	
7c. 0		7d. 0	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. New Jersey		9b. USA	
DECEDENT'S EDUCATION. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 16		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		12. Susan Christensen	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most Working Life, Even if Retired)	
13. 4325		14a. Mechanical Engineer	
14b. Engineering		14c. 14d.	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Gardnerville		15d. 780 Long Valley	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Lewis McDole		17. Eleanor DeCamp	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Susan McDole - Wife		18b. 780 Long Valley Road, Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
19c. Minden Nevada		19d. Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22. 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]		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 12/23/04		22b. 12/23/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0949		22c. 0949	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Kim Bigley		22d. ON	
22e. AT		22f. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. 6 Kim Bigley 10085 Double R 310 Reno NV 89521		23b. 9301	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) [Signature]		24b. 12-23-04	
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) pneumonia		12	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) multiple sclerosis		15 yrs	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)			
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	
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. 276577
35619 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 23 2004**
 STATE REGISTRAR [Signature]
 This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
 ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

