

-17

OFFICIAL RECORD

Requested By:
VIRGINIA IRWIN

APN: 1320-29-111-014

RECORDING REQUESTED BY:
VIRGINIA IRWIN

WHEN RECORDED MAIL TO:

✓ Name VIRGINIA IRWIN
Street 1155 WHITE OAK LOOP
Address
City,State MINDEN, NV 89423
Zip

Order No.

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0805 PG-10855 RPTT: 0.00



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

VIRGINIA LEE IRWIN, of legal age, being first duly sworn, deposes and says:

That JAMES DOUGLAS IRWIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES D. IRWIN named as one of the parties in that certain CORPORATION GRANT DEED dated JULY 29, 1998 executed by WESTERN NEVADA PROPERTIES INC A NEVADA CORPORATION to JAMES D. IRWIN AND VIRGINIA LEE IRWIN, HUSBAND AND WIFE as joint tenants, recorded as instrument No. 0445948, on JULY 31, 1998, in Book 0798, Page 7299, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the, County of DOUGLAS, State of Nevada:

SEE EXHIBIT 'A' ATTACHED HERETO AND MADE APART HEREOF

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 AUGUST 17, 2005


Surviving Joint Tenant

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS

This instrument was acknowledged before me on AUGUST 17, 2005,

by VIRGINIA LEE IRWIN



Notary Public



EXHIBIT "A"
LEGAL DESCRIPTION

ESCROW NO.: 98010337

Parcel 1:

Unit 325 as shown on that certain Record of Survey filed for record in the Office of the County Recorder of Douglas County, Nevada on June 9, 1997 in Book 697, at Page 1495 as Document No. 414454, Official Records being a Boundary Line Adjustment of the Final Map No. 1008-7A for WINHAVEN, UNIT NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT, filed for record in the Office of the County Recorder of Douglas County, Nevada on November 17, 1995, in Book 1195, Page 2675, Document No. 374950, Official Records.

New APN 1320-29-111-014 Old APN 25-790-84

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.



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

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH LIST 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. James Douglas IRWIN		2. July 6, 2005	3a. Douglas
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/Emr. Rm. Inpatient (Specify)
3b. Minden		3c. 1155 White Oak Loop	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.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7. 78	8. June 2, 1927
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. Oklahoma	9b. U.S.A.	10. 14 Years	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 8502	13a. Graphic Artist	14b. Aero Space Industry	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Minden	15d. 1155 White Oak Loop
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Leonard Irwin		17. Theina Payne	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Virginia Lee Irwin - Wife		18b. 1155 White Oak Loop, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Burial	19b. Eastside Memorial Park	19c. Minden, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR'S LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>James ...</i>	20b. 217	FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place stated. 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. 7/12/05		22b. 7/12/05	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1630		22c. 1630	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Andrea Miller, M.D., 1374 Bridle Way, Minden, NV 89423		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Andrea Miller, M.D., 1374 Bridle Way, Minden, NV 89423		23b. 8912	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>Cathleen ...</i>	24b. July 14, 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))		Interval between onset and death	
(a) <i>respiratory failure</i>		Interval between onset and death	
(b) <i>metastatic prostate cancer</i>		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. NO		26. NO	27. NO
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

No. 287008

073687

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: JUL 14 2005

This copy is not valid unless prepared



BK- 0805
PG- 10858

