

OFFICIAL RECORD
Requested By:
LENDERS FIRST CHOICE

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0905 PG- 5102 RPTT: 0.00



16 APR 220-24-601-036
RECORDING REQUESTED BY
Alliance Title Company *prepared by:*
AND WHEN RECORDED MAIL TO

Name: WANDA LEE STRATFORD
Street Address: 1971 SORREL LN
City, State Zip: GARDNERVILLE, NV 89410-6830
61-8011001
Order No. 61-00634536

PLEASE RETURN TO REC. DEPT.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Lenders First Choice
3850 Royal Avenue
Simi Valley, CA 93063
STATE OF NEVADA
COUNTY OF DOUGLAS

AFFIDAVIT - DEATH OF JOINT TENANT

S.S.

WANDA LEE STRATFORD, of legal age, being first duly sworn, deposes and says:

That _____, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM STRATFORD

named as one of the parties in that certain GRANT DEED dated OCTOBER 23, 1990

executed by E.W. HIGGINS AND LORRAINE A. HIGGINS, HUSBAND AND WIFE AS JOINT TENANTS

to WILLIAM STRATFORD AND WANDA LEE STRATFORD, HUSBAND AND WIFE AS JOINT TENANTS, WITH RIGHT OF SURVIVORSHIP

recorded as Instrument No. 237297, on OCTOBER 23, 1990, in Book 1090, Page 3535, of Official Records of DOUGLAS

County, NEVADA, covering the following described property situated in the CITY OF

GARDNERVILLE, County of DOUGLAS, State of NEVADA:

See Exhibit A attached hereto and made a part hereof.

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 \$ _____

Dated 8-22-05

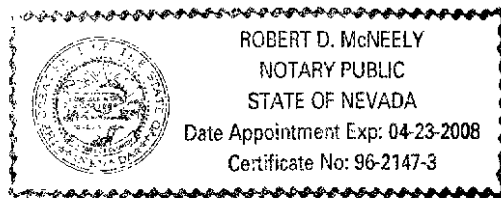
State of NEVADA
County of DOUGLAS } S.S.

Wanda Lee Stratford
WANDA LEE STRATFORD

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 22nd day of August, 2005, by

WANDA LEE STRATFORD
Personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Robert D. McNeely



(This area for official notarial seal)

STATE OF NEVADA

ORIGINAL

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

557-60-5883

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. William		STRATFORD		2. March 4, 2003		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/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1971 Sorrel Lane.		3e. 6		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.		7a. 78		8. June 27, 1924	
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. England		9b. U.S.A.		10. 12 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		SURVIVING SPOUSE (if wife, give maiden name)	
13. ██████████-5883		14a. Manager		14b. Grocery Store		12. Wanda Lee Avelsdson	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1971 Sorrel Ln.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. Yes				17. Doris Stratford			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Wanda Lee Stratford - Wife				18b. 1971 Sorrel Lane. Gardnerville, NV 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Truckee Meadows Crematory		19c. Sparks, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410			
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)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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)	
21a. <i>[Signature]</i>		21b. 3-6-03		21c. 1205		22a. <i>[Signature]</i>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)			
21d.		22b. ON 3-4-03		22c. AT 1205			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)						LICENSE NUMBER	
23a. Bernadette Martinez Deputy/Coroner, P.O. Box 218 Minden, NV 89423						23b.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. March 10, 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I (a) Gun Shot To The Head		Interval between onset and des					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and des					
(b)		Interval between onset and des					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and des					
(c)		Interval between onset and des					
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. Yes		27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. Suicide		28b. 3-4-03		28c. 1205 M		28d. Gun Shot to the Head	
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. No		28f. at Home		28g. 1971 Sorrel Ln. Gardnerville, Nevada			

BK- 0905
PG- 5103
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0655109 09/15/2005



STATE REGISTRAR

No.231104

[Signature]
Yvonne Saylor

This is to certify that the above is a true and correct copy of the certificate on file in this office.

MAR 11 2003

Date Issued:

State Registrar

EXHIBIT "A"

ALL THAT REAL PROPERTY SITUATED IN THE AND TO THE HEIRS AND
ASSIGNS OF SUCH COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND
DESCRIBED AS FOLLOWS: PARCEL 8 B AS SET FORTH ON THAT CERTAIN
PARCEL MAP #2, FOR E. W. AND LORRAINE HIGGINS, LOCATED IN A
PORTION SOUTHEAST 1/4, NORTHEAST 1/2, SECTION 24, TOWNSHIP 12
NORTH, RANGE 20 EAST, M.D.B. & N., FILED FOR RECORD ON OCTOBER
16, 1990, IN BOOK 1090 OF OFFICIAL RECORDS, AT PAGE 2478, DOUGLAS
COUNTY, NEVADA, AS DOCUMENT NO. 236782.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY
ASSESSOR AS 1220-246-010-36; SOURCE OF TITLE IS DOCUMENT NO.
237297 (RECORDED 10/23/90).

