DOC # 0661426 11/23/2005 10:39 AM Deputy: KLJ OFFICIAL RECORD Requested By: DAY R WILLIAMS

Douglas County - NV Werner Christen - Recorder

Fee: Page: 1

BK-1105 PG-10410 RPTT: 0.00

17.00



APN# 1022-18-001-031

Recording Requested by:

Name: Day R. Williams, Esq.

Address: 1950 College Parkway, #101

City/State/Zip: <u>Carson City</u>, NV 89706

## AFFIDAVIT -- DEATH OF JOINT TENANT (Title of Document)

When Recorded Mail to: Day R. Williams, Esq. 1950 College Parkway, #101 Carson City, NV 89706

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

When recorded mail to: Day R. Williams Esq. 1950 College Parkway #101 Carson City NV 89706-0674

## AFFIDAVIT--DEATH OF JOINT TENANT

| STATE OF NEVADA | )    |
|-----------------|------|
|                 | ):ss |
| CARSON CITY     | )    |

BERT J. McKEE, also known as BERTIS J. McKEE JR., of legal age, being first duly sworn, deposes and says: That MARIAN A. McKEE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as the MARIAN A. McKEE named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 4, 1987 executed by Gilbert Montana and Esther Montana, as joint tenants, recorded as Instrument No. 169181, Book 1287, Page 2844, Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Parcel A as set forth on the Parcel Map for Jim Shryock being a portion of the North ½ of Section 18, Township 10 North, Range 22 East, M. D. B. & M., filed for record February 19, 1982, in Book 282, Page 1087, Document No. 65079, said map being a re-division of Parcel 14 of that Record of Survey filed for record October 10, 1969, as Document No. 45990, Official Records of Douglas County, State of Nevada.

TOGETHER WITH a non-exclusive easement for road and utility purpose on and over all 60 foot access and utility easements shown on that certain Record of Survey filed October 10, 1969, Document No. 45990, Official Records of Douglas County, State of Nevada.

TOGETHER WITH an easement for ingress and egress over that strip of land shown as Shryrock Court [now known as Dove Court] on said Parcel Map, excepting those portions traversing said Parcel A.

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BK- 1105 PG-10411 Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

SUBSCRIBED AND SWORN TO before me

this 22 day of Movember 2005

by BERT J. McKEE.



JOY E. ALLEN Notary Public - State of Nevada Appointment Recorded in County of Carson City

BK- 1105 PG-10412 11/23/2005

## STAVER OF NEW DA

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

| MATIAN  MINISTRA AND  MCKEE  June 9, 2005  CATSON  CITY, TOWN OR LOCATION OF DEATH  A. CATSON—TAINOE HOSPITAL OR OTHER RISTITUTION—Name gift not ables, give without and number of incope, or the substant DOL DOLD TOWN  EXCEPTION TO CHAPTER AND THE COLOR OF THE COLOR | LOCAL FILE NUMBER               | 1  |  | <u> </u>   | STATE FILE NUMBER   |
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| S. Carson City   S. Carson-Tahoe Hospital   S. Emergency   S. Carson   S. Cars | CITY, TOWN OR LOCATION OF DE    | ATH HOSPITAL OR OTH  | ER INSTITUTION—Name (If not either, g  | tive street and number) If Hosp. or inst. indicate   | e DOA, OP/Emer. SEX   |
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| Signature and Table   Signature and Table   Signature and Table   DATE SIGNED (Mo., Day 17:)   HOUR OF DEATH   Signature and Table   DATE SIGNED (Mo., Day 17:)   HOUR OF DEATH   Signature and Table   DATE SIGNED (Mo., Day 17:)   HOUR OF DEATH   Signature and Table   DATE SIGNED (Mo., Day 17:)   HOUR OF DEATH   Signature   DATE SIGNED (Mo., Day 17:)   PRONOUNCED DEAD (Hour)   22c. AT   NAME OF ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Pittle)   89.706   LICENSE NUMBER   22c. AT   LICENSE NUMBER   22c. AT   DATE RECISITED   DATE RECISION   DATE REC   | - WILLIAM IN                    |  |  |  |   |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Pints) 89706  25a. Richard Yamamoto, M.D., 2874 N. Carson St. #200, Carson City, NVzs. 5778  REGISTRAR  24a. (Signesure)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE  24a. (Signesure)  PART (a)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yee or No.)  25c. NO  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yee or No.)  26c. NO  PLACE OF INJURY—At home, Day, Yr.) HOUR OF INJURY  DESCRIBE HOW INJURY OCCURRED (Specify)  26c. NO  CITY OR TOWN STATE  26g.  PLACE OF INJURY—At home, Sarm, street, factory, office LOCATION.  STREET OR R.F.D. No.  CITY OR TOWN STATE  26g.  | due to the cause(s) stated      |  |  | Land the trial of the control of the | he cause(s) and manner stated.                                  |
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| 23a. Richard Yamamoto, M.D., 2874 N. Carson St. #200, Carson City, N.Zab. 5778  REGISTRAR  24a. (Signasture)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (s). (b). AND (c).)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (f)  DUE TO, OR AS A CONSEQUENCE OF:  (g)  DUE TO, OR AS A CONSEQUENCE OF:  (g) |                                 | 10 4 700   |  |  | 2e. AT  |
| REGISTRAR  24a. (Signesture)  Communicable Disease  24b. (Signesture)  DATE REGISTRAR (Mo., Diry, Yr.)  DEATH DUE TO COMMUNICABLE DISEASE  24c. YEST NO   Interval between onset are  Interval between onset are  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset are  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset are  (d)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset are  (e)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yee or No)  26. NO  PRECISTRAR (Mo., Diry, Yr.)  Interval between onset are  (s)  DESCRIBE HOW INJURY OCCURRED  27. Yes  DESCRIBE HOW INJURY OCCURRED  28b. 28c. M 28d.  INJURY AT WORK (Specify)  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  28c. 100  DATE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  28c. 28d.  28d.  28d.  DATE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  28d.  28d.  28d.  28d.  DATE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  28d.  28d.  28d.   | NAME AND ADDRESS O              | F CERTIFIER (PHYSICIAN, ATTE   | NOING PHYSICIAN, MEDICAL EXAMINE   | ER, OR CORONER). (Type or Pilital) 89706   |   |
| PART (a) DUE TO, OR AS A CONSEQUENCE OF:  (b) DUE TO, OR AS A CONSEQUENCE OF:  (c) PART (c) DUE TO, OR AS A CONSEQUENCE OF:  (c) DUE TO, OR AS A CONSEQUENCE OF:  (d) DUE TO, OR AS A CONSEQUENCE OF:  (e) DUE TO, OR AS A CONSEQUENCE OF:  (c) DUE TO, OR AS A CONSEQUENCE OF:  (d) DUE TO, OR AS A CONSEQUENCE OF | 23a. Richard                    | Yamamoto, M.D.   | , 2874 N. Carson   | St. #200, Carson City  | , NV <sub>23b.</sub> 5778                                       |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (6): AND (c).  PART (a)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY  (Specify Year of No)  ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  ACC., SUICIDE, HOM., UNDET., DATE OF INJURY—At horse, farm, shreet, factory, office bullsting, etc. (Specify)  28c.  M 28d.  INJURY AT WORK (Specify)  28f.  Interval between onset are interval betwee |                                 | 1  | DATE HEGENED BY  | REGISTRAR (Mo., Day, Yr.) DEATH DUE TO CO  | MMUNICABLE DISEASE  |
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| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.  (Specify)  28.  IND  CORONER (Specify Yes of Yes)  27.  Yes  Yes of No.)  28.  DATE OF INJURY (Mo., Day, Yr.)  HOUR OF INJURY  28c.  M  28d.  INJURY AT WORK (Specify)  PLACE OF INJURY—At home, farm, sheet, factory, office building, etc. (Specify)  28g.  28g.  28g.  | (c)                             |  |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |   |
| ACC., SUICIDE, HOM., UNDET., OATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  ACC., SUICIDE, HOM., UNDET., OATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  28. M 28d  28d.  INJURY AT WORK (Specify)  28d.  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  28g.  28g.   |                                 |  | ig to death but not resulting in the underly   | ying cause given in Part/1. AUTOPSY (Spe<br>Yea or   | clly WAS CASE REFERRED TO<br>No.   CORONER (Specify Yes or No.) |
| Specify   28b.   28c.   M   28d      | " Receivation                   | ANTOS  |  | 26. No   |   |
| Specify   28b.   28c.   M   28d      | ACC., SUICIDE, HOM., UNDET., DO | ATE OF INJURY (Mo., Day, Yr.) HC   | UR OF INJURY DESCRIBE HO   | W INJURY OCCURRED  | -   |
| INJURY AT WORK (Specify Yes or No)  286.  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  286.  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  287.  289.   | (Specify)                       | 8b. 28×  | . M 28d  |  | V   |
| 26e. \ 28f. \ 28g.   | INJURY AT WORK P                | LACE OF INJURY—At home, farm   | , street, factory, office LOCATION.  | STREET OR R.F.D. No. CIT   | Y OR TOWN STATE   |
|  | (Specify Yes or No)             | building, etc. (S  | pacify)  |  |   |
| 11 0000  | 12                              | <del></del>  |  | <del></del>  |   |
| STATE REGISTRAR No. 28972  |                                 |  | 1.   | N  | o. 289724   |



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