

OFFICIAL RECORD

Requested By:
WESTERN TITLE COMPANY INC

APN: 1420-28-510-005

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1105 PG-10422 RPTT: 0.00

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name RALPH F. DAUGHERTY
Street 1417 N. SANTA BARBARA DR.
Address
City,State MINDEN, NV 89423
Zip

Order No. 00091786-201- JMJ



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

RALPH F. DAUGHERTY, of legal age, being first duly sworn, deposes and says:

That CATHERINE HENRIETTA DAUGHERTY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CATHERINE M. DAUGHERTY named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 21, 1989, executed by Martin Lee Kostelny, DBA Circle K. Construction, to Ralph F. Daugherty and Catherine M. Daugherty, husband and wife as joint tenants, recorded as instrument No. 203853, on June 9, 1989, in Book 689, Page 1280, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada:

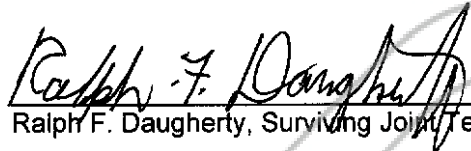
All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 4, in Block A, as shown on the Official Map of MISSION HOT SPRINGS, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 1, 1987, in Book 787, Page 001, as Document No. 157492.

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 \$ 10.00.

Dated November 18, 2005



Ralph F. Daugherty, Surviving Joint Tenant

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS

This instrument was acknowledged before me on November 18, 2005,

by Ralph F. Daugherty


Notary Public

 J. JONES
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-83980-5 - Expires August 21, 2007

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

2004 0008345

TYPE OR PRINT IN PERMANENT BLACK INK
CEDENT
IF DEATH OCCURRED IN INSTITUTION USE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS
RENTS
POSITION
CERTIFIER
CONDITIONS ANY CH GAVE USE TO IMMEDIATE CAUSE BEING THE UNDERLYING CAUSE LAST
USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Catherine Henrietta DAUGHERTY		June 29, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 1417 N. Santa Barbara Dr.		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 81	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6.		7b. :	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Oklahoma		8. November 1, 1922	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9b. U.S.A.		11. Married	
Dependent's Education: Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
10. 11		12. Ralph Daugherty	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. 3108		14b. Own Home	
USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1417 N. Santa Barbara	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Marco Marcolette		17. Mary Henrietta Braum	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Ralph Daugherty		18b. 1417 North Santa Barbara Dr., Minden, NV. 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Removal/Burial		19b. Oak Hill Memorial Park	
LOCATION City or Town State		19c. San Jose California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. Jimmy DeLeon		20b. 09	
NAME AND ADDRESS OF FACILITY		20c. 1478 4th St., Minden, Nevada 89423 53	
21a. To the best of my knowledge, death occurred on the date and place and due to the cause(s) stated. (Signature and Title)		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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 6/30/04		22b. 6/30/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1935		22c. 1935	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. David Hoskins, M.D., 1664 Hwy 395 N. #201, Minden, NV 89423		23b. 4628	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) David R. Kucharski		24b. June 30, 2004	
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)		Interval between onset and death	
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. COPD w/hx of Smoking, Renal Insufficiency		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. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
29a.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 264083

091200

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:

NOV 21 2005

STATE REGISTRAR

This copy is not valid unless



BK- 1105
PG- 10424

