



A.P.N. # 1220-16-210-175
ESCROW NO. _____
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

HAROLD CORNFORTH
1241 KINGSTON WAY
GARDNERVILLE, NV


(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

HAROLD T. CORNFORTH of legal age, being first duly sworn, deposes
and says: That **BARBARA B. CORNFORTH**, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as **BARBARA B. CORNFORTH**
named as one of the parties in that certain **JOINT TENANCE DEED** dated **December 19, 1980**
executed by **ARNOLD J. ALBRECHT AND JANE S. ALBRECHT, Husband and Wife**
to **HAROLD T. CORNFORTH and BARBARA B. CORNFORTH, Husband and Wife**
as joint tenants, recorded as Instrument No. **51873**, on **December 22, 1980**
in Book **1280**, Page **1413**, 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

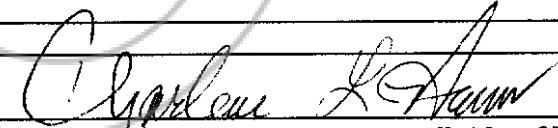
 **CHARLENE L. HANOVER**
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires February 3, 2007
No: 98-2565-5

DATE: **February 09, 2006**


HAROLD T. CORNFORTH

STATE OF Nevada }
 } ss.
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on February 11, 2006
by, **HAROLD T. CORNFORTH**

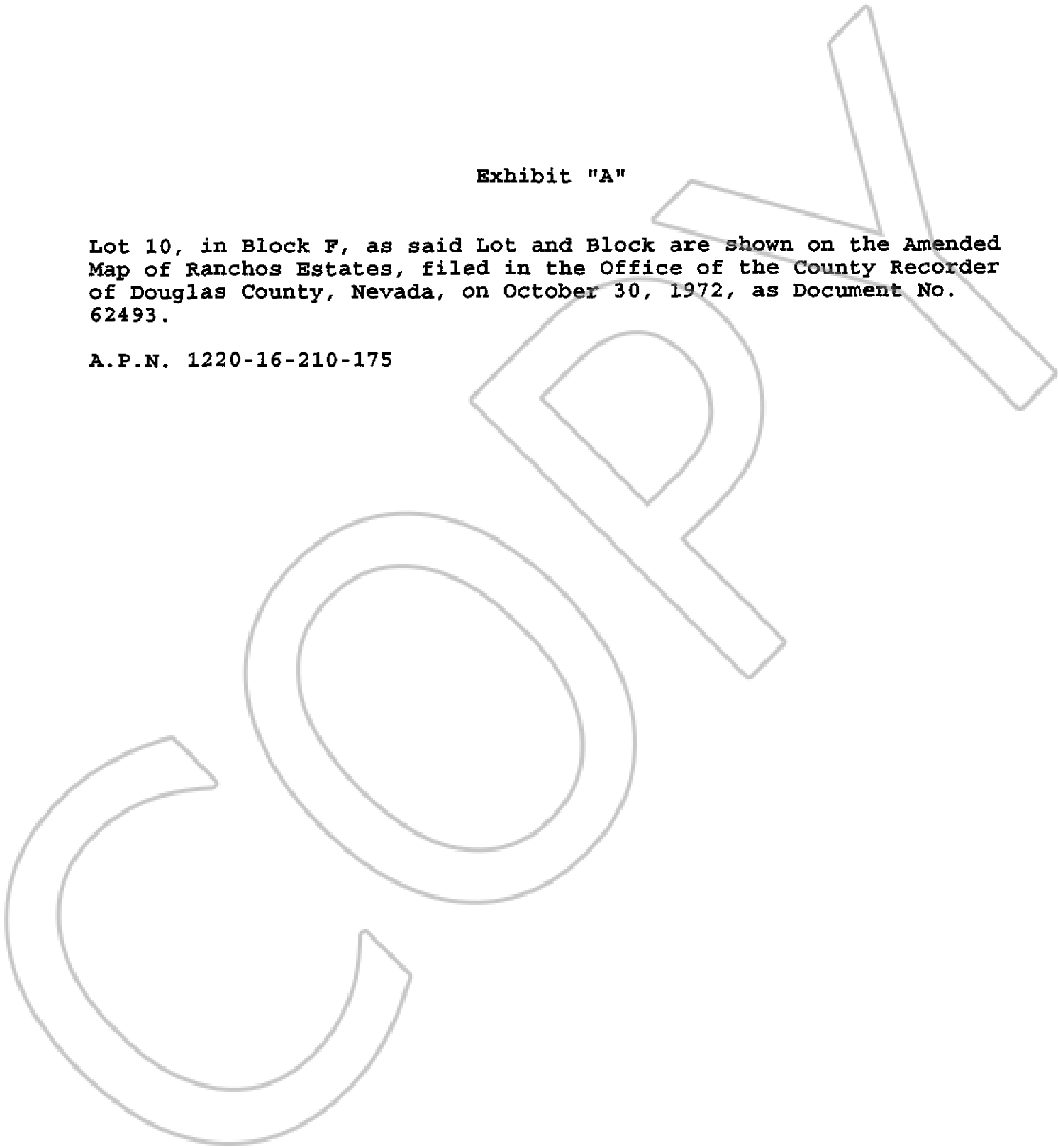
Signature 

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

Exhibit "A"

Lot 10, in Block F, as said Lot and Block are shown on the Amended Map of Ranchos Estates, filed in the Office of the County Recorder of Douglas County, Nevada, on October 30, 1972, as Document No. 62493.

A.P.N. 1220-16-210-175



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 115 IMAGE 546 2298

	LOCAL FILE NUMBER	2298	STATE FILE NUMBER	
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
	1. Barbara CORNFORTH		2. August 30, 2004	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
	3b. Reno		3c. Washoe Medical Center	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(a.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. <input checked="" type="checkbox"/>	
PARENTS	AGE—Last Birthday (Years)		UNDER 1 YEAR	
	7a. 60		MOS : DAYS	
DISPOSITION	STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
	9a. England		9b. USA	
CERTIFIER	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
	13. 3909		14a. Homemaker	
CAUSE OF DEATH	RESIDENCE—STATE		COUNTY	
	15a. Nevada		15b. Douglas	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	16. Christopher Preston		17. Marion Coulthurst	
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18a. Harold T. Cornforth		18b. 1241 Kingston Way, Gardnerville Nevada 89460	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	19a. Cremation		19b. Sierra Crematory	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
	20a. <i>Carol D. Higgins</i>		20b. 20	
CAUSE OF DEATH	NAME AND ADDRESS OF FACILITY		CITY OR TOWN	
	20c. Reno Memorial 253 E. Arroyo Street, Reno Nevada		89502	
CAUSE OF DEATH	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)		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)	
	21b. <i>Ultra Kill</i>		22b. <i>Ultra Kill</i>	
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21b. 9.1.04.		21c. 1634	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d. <i>Ultra Kill M.D. 75 Pringle Way #401 Reno NV 89524</i>		22d. ON	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
	23a. <i>Ultra Kill M.D. 75 Pringle Way #401 Reno NV 89524</i>		23b. 10524	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24a. <i>Randy Antunes</i> Dep.		24b. September 2, 2004	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
	PART (a) Cardiovascular collapse / Shock		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	PART (b) Gram negative sepsis		INTERVAL BETWEEN ONSET AND DEATH	
	PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		25. No	
CAUSE OF DEATH	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
	26a. No		28b. No	
CAUSE OF DEATH	HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28c. M		28d. No	
CAUSE OF DEATH	INJURY AT WORK (Yes/No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28e. No		28f. No	
CAUSE OF DEATH	LOCATION		STREET OR R.F.D. No.	
	28g. No		28h. No	

STATE REGISTRAR

No. 264724

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

Deputy Registrar: *Barbara Lee Hunt*

Date: **SEP - 3 2004**



WARNING: IT IS ILLEGAL TO AL



BK- 0206
PG- 3773