

A.P.N. 1221-00-002-027  
Escrow No. 260054KM

DOC # 0673551  
04/27/2006 11:28 AM Deputy: GB  
**OFFICIAL RECORD**  
Requested By:  
MARQUIS TITLE & ESCROW

When Recorded Mail To:  
SHERI ASAY  
P.O. Box 1943  
Gardnerville, NV 89410

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0406 PG- 9186 RPTT: 0.00



**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That GEORGE ASAY, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE ASAY named as one of the parties in that certain GRANT BARGAIN & SALE DEED dated FEBRURY 14,1998, executed by HILBURN T. MILLER and CAROL L. MILLER, husband and wife as joint tenants to GEORGE ASAY and SHERI ASAY, husband and wife, as joint tenants, recorded as Instrument No. 0432906, in Book 0298, Page No. 3188 on FEBRUARY 18, 1998 of Official Records of DOUGLAS COUNTY, Nevada, covering the following described property situated in the County of DOUGLAS, State of Nevada:

See Attached EXHIBIT "A"

Dated: April 24,2006

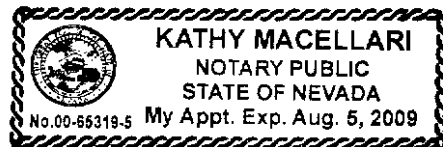
Sheri Asay  
SHERI ASAY

STATE OF NEVADA )  
) SS.  
COUNTY OF DOUGLAS )

On April 24, 2006, before me, a notary public, personally appeared Sheri Asay.

personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that

Kathy Macellari  
Notary Public



## EXHIBIT "A"

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

### PARCEL 1

The North  $\frac{1}{2}$  of the Northwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$  of Section 32, Township 12 North, Range 21 East, M.D.B. & M.

TOGETHER WITH all my right title and interest in that certain right-of-way grant as set forth in Right-of-Way Grant from United States Department of the Interior, Bureau of Land Management to H.T. Miller, dated January 19, 1994 and recorded December 10, 1997, in Book 1297, Page 2108, as Document No. 428186 and assigned to George Asay on February 13, 1998, recorded February 18, 1998, in Book 298, Page 3202, as Document No. 432909, of Official Records.

EXCEPTING THEREFROM an undivided two-ninths ( $\frac{2}{9}$ ) interest in all minerals, including coal, oil and gas, together with the right to lease, extract and return the same, as set forth in the Deed from Harlan Snooks to Jackson Snooks, recorded February 18, 1948, in Book 298, Page 3121, as Document No. 432893, Official Records of Douglas County, Nevada.

### PARCEL 2

An easement for access road right-of-way across the East  $\frac{1}{2}$  of the East  $\frac{1}{2}$  of the East  $\frac{1}{2}$  of the East  $\frac{1}{2}$  of Section 31, Township 12 North, Range 21 East, M.D.B. & M., according to the official plat thereof as granted by the United States of America to H.T. Miller recorded December 10, 1997, in Book 1297, Page 2108, as Document No. 428186 and assigned to George Asay on February 13, 1998, recorded February 18, 1998, in Book 298, Page 3202, as Document No. 432909, of Official Records.

APN: 1221-00-002-027

# 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 413

2165

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last <b>George William ASAY</b>			DATE OF DEATH (Month, Day, Year) <b>2 August 15, 2004</b>		COUNTY OF DEATH <b>3a Washoe</b>		
	CITY, TOWN OR LOCATION OF DEATH <b>3b Reno</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c Washoe Medical Center</b>		SEX <b>4 Male</b>		
DECEDENT	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) <b>61</b>		7b. UNDER 1 YEAR MOS : DAYS	
	8. STATE OF BIRTH (If not U.S.A., name country) <b>9a Tennessee</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		9c. Decedent's Education: Specify highest grade completed. <b>10. 14</b>		11. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	12. SOCIAL SECURITY NUMBER <b>4921</b>		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>14a Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>12 Sheri A. Gemmell</b>	
	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>4000 N. Courtland</b>	
PARENTS	16. FATHER—NAME First Middle Last <b>Charles Asay</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Anne Ruth Thornton</b>				
	18a. INFORMANT—NAME (Type or Print) <b>Sheri A. Asay</b>				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 1943, Gardnerville, Nevada 89410</b>			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>			
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Darnell</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>09</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary 1478 4th St., Minden, Nevada 89423</b>			
CERTIFIER	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) <i>Velisa Rill, MD</i>				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) <i>Velisa Rill, MD</i>			
	21b. DATE SIGNED (Mo., Day, Yr.) <b>8.17.04</b>		21c. HOUR OF DEATH <b>2114</b>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON		22e. AT	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <i>Velisa Rill 76 Pringle #400 Reno NV 89502</i>				23b. LICENSE NUMBER <b>10524</b>			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <i>Andy Anthony</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>August 17, 2004</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) <b>RESPIRATORY FAILURE</b>							
	PART I (b) <b>ANOXIC ENCEPHALOPATHY</b>							
PART I (c) <b>INTRACRANIAL BLEEDING</b>								
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>MYOCARDIAL INFARCTION</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		
28a. AGG., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN STATE		

STATE REGISTRAR

No. 268970

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

Deputy Registrar: \_\_\_\_\_

Date: \_\_\_\_\_

*Sheri A. Gemmell*

AUG 31 2004

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PG- 9188  
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