

OFFICIAL RECORD

Requested By:

MERCURY TRANSACTION SERVICES

INC

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00

BK-0506 PG- 3284 RPTT: # 0



Assessor's Parcel Number: 1420.07816.001  
Mercury Transaction Services  
Recording Requested By: 6000 Greenwood Plaza Blvd # 200  
Greenwood Village, CO 80111  
Name: Frank E. Shields

Address: 3415 Princeton Ave

City/State/Zip Carson City, Nevada 89705

Real Property Transfer Tax: \$ 0

Affidavit - Death of Joint Tenant

(Title of Document)

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

*This cover page must be typed or legibly hand printed.*

RECORDING REQUESTED BY  
Financial Title Company  
AND WHEN RECORDED MAIL TO

Name **Frank R. Shields**  
Street Address **3415 Princeton Ave**  
**Carson City, NV 89705**  
City, State  
Zip

Order No. **42524141-823-MFP**

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF DOUGLAS S.S.

**Frank R. Shields, a widower**, of legal age, being first duly sworn, deposes and says:  
That **M. Eleanor Shields**, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as **M. Eleanor Shields**  
named as one of the parties in that certain **Deed** dated **July 16<sup>th</sup>, 1985**  
executed by **Ralph Thomas and Louise Margaret Thomas husband and wife**  
to **Frank R. Shields and M. Eleanor Shields, husband and wife as joint tenants with right of survivorship**  
as joint tenants, recorded as Instrument No. **120396**, on **July 19, 1985**, in  
Book **785**, Page **1648**, of Official Records of **Douglas**  
County, Nevada covering the following described property situated in the n/a  
County of **Douglas**, State of **NEVADA**

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

Please see attached Exhibit 'A'

**NEVADA**  
**F.R.S.**

Dated 4-29-06

State of NEVADA  
County of DOUGLAS

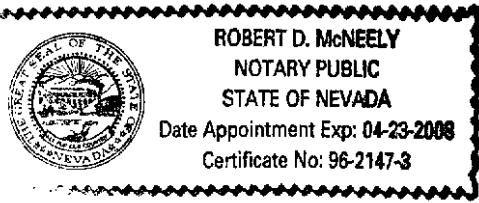
} S.S. Frank R. Shields  
Frank R. Shields

SUBSCRIBED AND SWORN TO (or affirmed) before me

This 29<sup>th</sup> day of APRIL 20 06  
by FRANK R. SHIELDS

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  
Robert D. McNeely



(This area for official notarial seal)

**PRELIMINARY CHANGE OF OWNERSHIP REPORT**

# STATE OF NEVADA

## 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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. M. Eleanor SHIELDS		2. March 28, 2003	3a. Carson City
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)
3b. Carson City		3c. Carson Convalescent Center	3e. Inpatient
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)
5. White		6.	7a. 79
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
7c. California		9c. U.S.A.	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [REDACTED]-4485		14a. Deputy City Treasurer	14b. Sacramento County
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Indian Hills
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Lloyd Cannon		17. Beatrice Gloscio	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Frank R. Shields		18b. 3415 Princeton Ave. Carson City, NV 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Carson Sierra Crematory	19c. Carson City Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [Signature]		20b. 09	20c. Society 1614 N. Curry St. Carson City, NV 89703
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)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
21b. 3/28/03		21c. 03:30	22b.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
21d.		22d. ON	22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Laurence Gay M.D. P.O. Box 19936 Reno, Nevada 89511		23b. 5152	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature]		24b. March 31, 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).)		Interval between onset and death	
PART I (a) Dehydration		days	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Dysphagia		days	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Cerebrovascular accident		days	
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)
Dementia, Hydrocephalus, COPD, Seizures		26. No	27. Yes
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
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.	28f.	28g.	



STATE REGISTRAR

No229600

*Yvonne Sylva*

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

MAR 31 2003

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER O



BK- 0506  
PG- 3286

EXHIBIT A

Situate in the County of Douglas, State of Nevada, described as follows:

Lot 1 in Block C of Impala Mobile Home Estates Subdivision Unit No. Two, according to the Map thereof filed in the office of the County Recorder of Said County on April 7, 1982, as File No. 66654, in Book 482, Page 366, of Official Records.

Together with the tenants, hereditenants and appurtenances thereunto belonging or appertaining, and the *reversion and reversions, remainder and remainders, rents, issues and profits thereof*  
County of Douglas,  
State of Nevada.

APN #: 1420-07-816-001

