

When Recorded Mail To:  
JUNE E MICHELI  
1194 MANHATTAN WAY  
GARDNERVILLE, NV 89460

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-0506 PG- 3947 RPTT: 0.00



**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That DOROTHY J. PRITCHARD, an unmarried woman is the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOROTHY J. PRITCHARD, an unmarried woman as to 1/2 interest, as join tenant with right of survivorship named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated APRIL 25TH, 2005, executed by JUNE E. MICHELI, an unmarried woman to JUNE E. MICHELI, an unmarried woman as to 1/2 interest, and DOROTHY J. PRITCHARD, an unmarried woman as to 1/2 interest, as join tenants with right of survivorship, recorded as Instrument No. 0575108 on APRIL 30TH, 2003 of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the County of DOUGLAS, State of Nevada:

Lot 22, in Block G, As said lot and block are shown on the AMENDED MAP OF RANCHO ESTATES, filed in the Office of the County Recorder of Douglas County, State of Nevada, on October 30, 1972, as Document No. 62493.

Dated: May 9, 2006

THIS DOCUMENT IS RECORDED AS AN ACCOMMODATION  
AND WITHOUT LIABILITY FOR THE CONSIDERATION  
THEREFORE OR AS TO THE VALIDITY OR SUFFICIENCY  
OF SAID INSTRUMENT OR FOR THE EFFECT OF SUCH  
RECORDING ON THE TITLE OF THE PROPERTY INVOLVED

*June E. Micheli*  
\_\_\_\_\_  
JUNE E. MICHELI



STATE OF NEVADA     )  
                                  ) SS.  
COUNTY OF DOUGLAS )

On May 9, 2006, before me, a notary public, personally appeared JUNE E. MICHELI, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

*Kathy Macellari*  
\_\_\_\_\_  
Notary Public

**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**

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. <b>Dorothy Jean PRITCHARD</b>		2. <b>May 4, 2006</b>		3a. <b>Douglas</b>	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3b. <b>Gardnerville</b>		3c. <b>1194 Manhattan Way</b>		4. <b>Female</b>	
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)	UNDER 1 YEAR MOB : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. <b>White</b>	6. <b>No</b>	7a. <b>79</b>	7b. <b>:</b>	7c. <b>:</b>	8. <b>January 23, 1927</b>
STATE OF BIRTH (If not U.S.A., name country)	CITY OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. <b>Indiana</b>	9b. <b>USA</b>	10. <b>12</b>	11. <b>Widowed</b>	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. <b>4249</b>	14a. <b>Players Club Representative</b>		14b. <b>Gaming Industry</b>		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS	
15a. <b>Nevada</b>	15b. <b>Douglas</b>	15c. <b>Gardnerville</b>	15d. <b>1194 Manhattan</b>	15e. <b>No</b>	
FATHER—NAME		MOTHER—MAIDEN NAME			
18. <b>Fred Miller</b>		17.			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. <b>June Micheli</b>		18b. <b>1194 Manhattan Way Gardnerville, Nevada 89460</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
19a. <b>Cremation</b>		19b. <b>Carson Sierra Crematory</b>	19c. <b>Carson City Nevada</b>		
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>[Signature]</i>		20b. <b>09</b>	20c. <b>Society 1614 N. Curry St. Carson City, NV 89703</b>		
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>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21a. <i>[Signature]</i>		21b. <b>5/5/06</b>		21c. <b>12:10</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. ON		22b. AT	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER			
23a. <b>John P. Kelly M.D. 2874 N. Carson St. Suite 210 Carson City, NV</b>		23b. <b>6376</b>			
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>[Signature]</i>	24b. <b>5-5-2006</b>	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) <b>Lung Cancer</b>	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART I (b)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART I (c)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
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)		
26. <b>No</b>		27. <b>No</b>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c.	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

No. 329571

116231

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:

**MAY 08 2006**

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STATE REGISTRAR  
BK- 0506  
PG- 3948  
05/10/2006

