

16

OFFICIAL RECORD

Requested By:
MAY MORALES

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1006 PG- 1820 RPTT: 0.00



RECORDING REQUESTED MAIL TO
MAY V. MORALES
878 VALLEY CREST DR.
CARSON CITY, NV 89705

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.
CARSON }

	Notary Public State Of Nevada
	CARSON CITY
	DEBORAH GEHR
	My Appointment Expires
No. 99-55313-3	July 15, 2007

MAY V. MORALES, of legal age, being first duly sworn, deposes and says: That JOAN CARMELO MORALES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOAN C. MORALES named as one of the parties in that certain GRANT DEED dated 10-11-2000 executed by SYNCON HOMES, INC. to JOHN C. MORALES AND MAY V. MORALES as joint tenants, recorded as Instrument No. Map 1007-3, on 10-26-2000 in Book 897, Page 6072, of Official Records of #420670 County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada:

LOT B5 IN BLOCK B AS SHOWN ON THE FINAL MAP #1007-3 OF VALLEY VISTA ESTATES, PHASE 2 RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON AUGUST 29, 1997, IN BOOK 897, AT PAGE 6072, AS DOCUMENT NO. 420670 OFFICIAL RECORDS.

DATE: October 3, 2006
STATE OF Nevada }
COUNTY OF CARSON } ss.

May V. Morales
May V. Morales, Affiant

This instrument was acknowledged before me on October 3, 2006
by May V. Morales

Signature Deborah Geher

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

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:
MAIL TAX STATEMENTS TO:

000501583
ESCROW NO. 00051260
R.P.T.T. \$ 186.55
A.P.N. # 13-343-05
Full Value

MORALES
878 VALLEY CREST DR.
CARSON CITY NV 89705

CORPORATION
GRANT, BARGAIN, SALE DEED

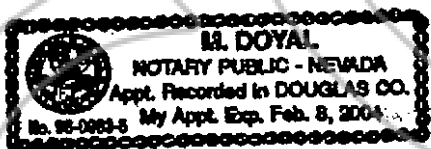
THIS INDENTURE WITNESSETH: That
SYNCON HOMES, INC. A NEVADA CORPORATION

In consideration of \$10.00, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to
JOHN C. MORALES AND MAY V. MORALES, HUSBAND AND WIFE AS JOINT
TENANTS * * *

and to the heirs and assigns of such Grantee forever, all that real property situated in the ^{DOUGLAS} City of CARSON CITY
County of ~~CARSON CITY~~ State of Nevada, bounded and described as follows:
LOT B5 IN BLOCK B AS SHOWN ON THE FINAL MAP #1007-3 OF VALLEY
VISTA ESTATES, PHASE 2 RECORDED IN THE OFFICE OF THE DOUGLAS
COUNTY RECORDER, STATE OF NEVADA, ON AUGUST 29, 1997, IN BOOK
897, AT PAGE 6072, AS DOCUMENT NO. 420670 OFFICIAL RECORDS.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise
appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATE: October 11, 2000 SYNCON HOMES, INC.
A NEVADA CORPORATION



BY: Andrew W. Mitchell Pres.
ANDREW W. MITCHELL
PRESIDENT

BY: _____

STATE OF Nevada }
COUNTY OF Carson City } ss.

This instrument was acknowledged before me on 10-26-00
by, ANDREW W. MITCHELL

Signature [Signature]
Notary Public

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 OCT 26 PM 3: 35

LINDA SLATER
RECORDER

\$ 7.00 PAID [Signature] DEPUTY

0502183
BK1000PG5206



BK- 1006
PG- 1821

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		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. John Carmelo Morales		2. July 7, 2006	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)	SEX
3b. Carson City		3c. 878 Valley Crest Dr.	4. Male
FACE—(s.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)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 78	8. December 15, 1927
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. California	9b. USA	10. 12	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. ██████████ 6566	14a. Meat Cutter	14b. Retail	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Carson City	15d. 878 Valley Crest Dr.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Carmelo Morales		17. May Constantino	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. May Morales		18b. 878 Valley Crest Dr. Carson City, NV 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. Walton's Sierra Crematory	19c. Carson City, NV	
FUNERAL DIRECTOR—SIGNATURE (Or Parson Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>	20b. 09	20c. 1281 N. Roop St. Carson City, NV 89706	
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> M.D.		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>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 7/7/2006		21c. 10:35 a.m.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22b. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. ANN BARNET-DEVLIN, 1000 LOCUST STREET, RENO, NEVADA 89502		23b. LL 1596	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i>	24b. July 12, 2006	24c. 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) PANCREATIC CANCER	Interval between onset and death MONTHS	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
PART I	(b)	Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
PART I	(c)	Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
LIVER MASS, SUSPECTED METASTASIS		26. NO	27. NO
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

No. 338460

125831

CERTIFIED COPY OF VITAL RECORDS

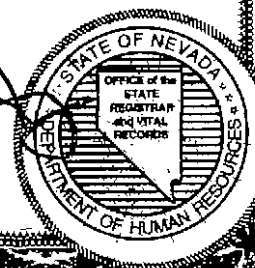
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 12 2006

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 1006
PG- 1822
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