

OFFICIAL RECORD

Requested By:

STOKES & WINTER

Recorded at the request of:

Mark A. Winter
801 N. Division
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

William J. Coleman
PO Box 2935
Gardnerville, NV 89410

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 3 Fee: 16.00
BK-0307 PG- 3083 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1220-16-110-004

William J. Coleman, also known as and who acquired title as Bill Coleman, being first duly sworn, deposes and says:

1. Lois Coleman, died on the 9th day of March, 2006, and a certified copy of her Death Certificate is attached hereto.

2. That at the date of death, the said Lois Coleman was an owner in joint tenancy with the Affiant of certain real property located in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND
INCORPORATED HEREIN BY SAID REFERENCE

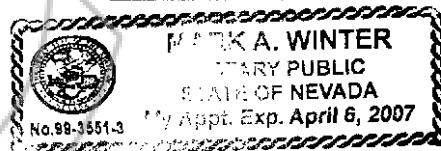
3. That said joint tenancy was created by a Deed dated January 30, 1991, recorded on January 30, 1991, as Document Number 243864 in the Douglas County Recorder's Office.

4. That upon the death of Lois Coleman, the Affiant became the sole owner of the above-described property as his sole and separate property.

Dated February 15, 2007: William J. Coleman
William J. Coleman

Subscribed and sworn to before me
this 15th day of February, 2007.

MASLO
NOTARY PUBLIC



Lot 2, in Block D, as shown on the Final Map of Pleasantview Subdivision Phase I, filed in the Office of the County Recorder of Douglas County, Nevada, on April 6, 1990, in Book 490, Page 916, Document No. 223488.

EXHIBIT "A"

COPY



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. <u>Lois Jean COLEMAN</u>		2. <u>March 9, 2006</u>		3a. <u>Douglas</u>			
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)		SEX	
3b. <u>Gardnerville</u>		3c. <u>1219 Pleasantview Dr.</u>		3e. <u>Female</u>			
4. <u>White</u>		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. <u>70</u>		8. <u>October 26, 1935</u>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		CITIZEN OF WHAT COUNTRY		Decedent's Education—Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. <u>California</u>		9b. <u>U.S.A.</u>		10. <u>12 years</u>		11. <u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		12. <u>William Coleman</u>	
13. <u>3421</u>		14a. <u>Homemaker</u>		14b. <u>Own Home</u>			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. <u>Nevada</u>		15b. <u>Douglas</u>		15c. <u>Gardnerville</u>		15d. <u>1219 Pleasantview Dr</u>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. <u>Yes</u>	
16. <u>Thomas Spitaleri</u>		17. <u>Inez Bianchini</u>					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. <u>William Coleman - Husband</u>		18b. <u>1219 Pleasantview Dr., Gardnerville, NV 89460</u>					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a. <u>Cremation</u>		19b. <u>FitzHenry's Crematory</u>		19c. <u>Carson City, Nevada</u>			
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <u>[Signature]</u>		20b. <u>217</u>		20c. <u>Home, 1380 Hwy 395, Gardnerville, Nevada 89410</u>			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. <u>[Signature]</u>		21b. <u>3/14/06</u>		21c. <u>0900</u>		21d. <u>Kelle Brogan</u>	
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.		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. ON	
22a. <u>[Signature]</u>		22b. <u>[Signature]</u>		22c. <u>[Signature]</u>		22d. <u>[Signature]</u>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER					
23a. <u>Kelle Brogan 18653 Wedge Plaza Reno NV 89511</u>		23b. <u>NV6000</u>					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <u>[Signature]</u>		24b. <u>March 16, 2006</u>		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		Interval between onset and death			
(a) <u>Metastatic Cancer</u>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
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)	
26. <u>No</u>				27. <u>No</u>			
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.			

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

PROFESSION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 325163



BK- 0307
PG- 3085

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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:

MAR 16 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

