

APN: 1420-07-702-004

✓ When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0307 PG- 5377 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, NORMA LEE HARRIS, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated, inasmuch as I am the widow of EDWARD C. HARRIS, the deceased joint tenant mentioned hereafter in this document.

2. I am NORMA LEE HARRIS, the same person named as NORMA LEE HARRIS, one of the grantees named in that certain Deed recorded on December 2, 1971, as Document No. 55703, in Book 94, Page 101, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 3476 Vista Grande Boulevard, Carson City, Douglas County, Nevada, and more specifically described as follows, to-wit:

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

COMMENCING at the Northeast corner of Lot 6 in Block "F" as shown on the map of VISTA GRANDE SUBDIVISION, UNIT 1, filed in the office of the County Recorder of Douglas County, Nevada, on November 9, 1964; thence Easterly along the Southerly line of Quartz Drive a distance of 310 feet to the true point of beginning; thence continuing along the South line of said Quartz Drive a distance of 230 feet; thence Southerly parallel with the Easterly line of said VISTA GRANDE SUBDIVISION a distance of 570 feet; thence Westerly parallel with the Southerly line of said Quartz Drive a distance of 230 feet; thence Northerly parallel with the Easterly line of the aforementioned subdivision a distance of 570 feet to the true point of beginning;

SAVING & EXCEPTING therefrom the North 380 feet;

Said parcel being designated as Lot 8 in Block "C" as shown on sheet 3 of the map of the aforementioned VISTA GRADE SUBDIVISION.

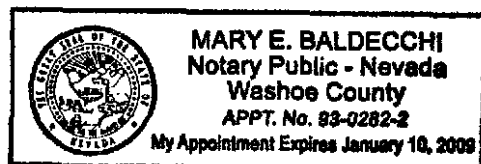
Per NRS 111.312, this legal description was previously recorded at Document No. 55703, Book 94, Page 101, on December 2, 1971.

3. EDWARD C. HARRIS, also one of the grantees named in said deed, is the identical EDWARD C. HARRIS named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on November 26, 2006, in Douglas County, Nevada.

Norma Lee Harris
NORMA LEE HARRIS

SIGNED AND SWORN TO (or affirmed)
before me on March 12, 2007,
by NORMA LEE HARRIS.

Mary E. Baldecchi
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2006004052
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME FIRST Edward			1b. MIDDLE Calvin			1c. LAST HARRIS JR			2. DATE OF DEATH (Mo/Day/Year) November 26, 2006			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City				3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 3476 Vista Grande Blvd.				3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)				4. SEX Male		
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE - Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 26, 1934		
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Norma MANGUM				
13. SOCIAL SECURITY NUMBER [REDACTED]-2967				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Police Officer				14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 3476 Vista Grande Blvd.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Edward Calvin HARRIS SR						17. MOTHER - NAME (First Middle Last Suffix) Lula ARNOLDSEN								
18a. INFORMANT - NAME (Type or Print) Norma HARRIS				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3476 Vista Grande Blvd. Carson City, Nevada 89705										
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park				19c. LOCATION City or Town State Minden Nevada 89423						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DAVID HOWARD JOHNSON 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) stated. (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) November 29, 2006			21c. HOUR OF DEATH 17:15			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423									23b. LICENSE NUMBER 4143					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2006		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) Squamous Cell Carcinoma /CLL										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(b)										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(c)										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.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED							
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE			

STATE REGISTRAR

507601



BK- 0307
PG- 5379

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CERTIFIED COPY OF VITAL RECORDS

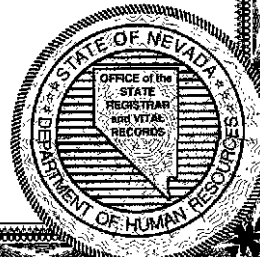
This is a true and exact reproduction of the document officially registered and placed on file in the Office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 01 2006

SIGNATURE AUTHENTICATED
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