

OFFICIAL RECORD

Requested By:
RONALD J PRICE

A.P.N. # 1220-04-112-010
ESCROW NO. n/a
RECORDING REQUESTED BY:

The Undersigned

WHEN RECORDED MAIL TO:

Ronald J. Price
1247 Knights Lane
Gardnerville, Nv 89410

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 3 Fee: 16.00
BK-0407 PG- 3757 RPTT: 0.00



(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } ss.

Ronald J. Price of legal age, being first duly sworn, deposes and says: That Vera E. Price the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vera E. Price named as one of the parties in that certain Grant Deed dated December 02, 1995 executed by Barbara Jane Butler, a widow to Ronald J. Price, a single man & Vera E. Price, a widow as joint tenants, recorded as Instrument No. 377040 on December 18, 1995 in Book 1295, Page 2487, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: April 12, 2007

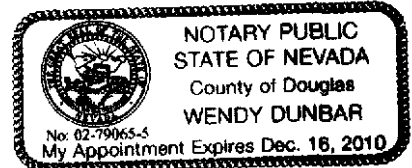
Ronald J. Price
Ronald J. Price

STATE OF Nevada }
COUNTY OF Douglas } ss.

This instrument was acknowledged before me on April 12, 2007 by Ronald J. Price

Signature Wendy Dunbar

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



CERTIFICATION OF VITAL RECORD

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH
CERTIFICATE OF DEATH
VITAL STATISTICS

2007001431

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 Vera			1b. MIDDLE Ensign			1c. LAST PRICE			2. DATE OF DEATH (Mo/Day/Year) March 24, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Riverview Manor				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Female			
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 92		7b. UNDER 1-YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 10, 1914				
9a. STATE OF BIRTH (If not U.S.A. name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker				14b. KIND OF BUSINESS OR INDUSTRY Own Home						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 979 Riverview Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) George T. ENSIGN						17. MOTHER - NAME (First Middle Last Suffix) Rhoda JACKSON								
18a. INFORMANT - NAME (Type or Print) Rick PRICE						18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 1247 Knights Lane Gardnerville, Nevada 89410								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory				19c. LOCATION City or Town State Carson City Nevada 89701						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
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) STEPHEN HEWITT DO SIGNATURE AUTHENTICATED						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) March 29, 2007				21c. HOUR OF DEATH 23:20		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) Dr. Stephen Hewitt DO, 1090 3rd Street #1 South Lake Tahoe, CA									23b. LICENSE NUMBER NV 1107					
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 02, 2007			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). Interval between onset and death														
PART (a) End Stage Dementia - Alzheimers Years														
DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death														
(b) Failure to Thrive Interval between onset and death														
DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death														
(c) Debility														
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


 BK- 0407
 PG- 3758
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QSRB1004-Rev-F

T08347

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:

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

PHNCD (Rev) 11/06

STATE REGISTRAR
SIGNATURE AUTHENTICATED

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 35, as shown on the Map of KINGSLANE UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 20, 1971, as Document No. 55958.

Assessor's Parcel No. 1220-04-112-010

