

APN #: 1320-32-211-006

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OFFICIAL RECORD

Requested By:

LAW OFFICES OF AVANSINO

MELARKEY KNOBEL & MULLIGAN

Douglas County - NV

Werner Christen - Recorder

Page: 1 of 4 Fee: 17.00

BK-0507 PG- 3427 RPTT: 0.00



AFTER RECORDING RETURN TO:

Michael J. Melarkey, Esq.
AVANSINO, MELARKEY,
KNOBEL & MULLIGAN
4795 Caughlin Parkway, Suite 100
Reno, NV 89519

MAIL TAX STATEMENTS TO:

Eileen K. Decker
1507 Deseret Drive
Minden, Nevada 89423

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030).

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by laws: _____ (State specific law.)

Signature: Eileen K. Decker
(Print Name) EILEEN K. DECKER (Title)

AFFIDAVIT TERMINATING JOINT TENANCY

EILEEN K. DECKER, being of legal age, certifies as follows:

1. I am the surviving spouse of JAMES W. DECKER, the deceased joint tenant.

2. A description of the instrument or conveyance by which the joint tenancy was created is that certain Grant, Bargain and Sale Deed dated July 2, 2002, in which GARETH A.R. CRANER, Survivor Trustee of the CRANER FAMILY TRUST, dated February 23, 1999, was the Grantor, and JAMES W. DECKER and EILEEN DECKER, husband and wife as joint tenants with right of survivorship, were the Grantees. Said Deed was recorded in Book 0702, Page 05520, in the office of the County Recorder of Douglas County, State of Nevada, on July 18, 2002, as Document No. 0547417.

3. A description of the real property is all that certain real property situate in the County of Douglas, State of Nevada, and more particularly described as follows:

LOT 3, AS SHOWN ON THE MAP OF
DESERET UNIT NO. 1, FILED FOR RECORD
IN THE OFFICE OF THE COUNTY RECORDER
OF DOUGLAS COUNTY, ON APRIL 17, 1972,
AS FILE NO. 58855.

4. The date and place of the death of the deceased joint tenant
was February 21, 2007, in Minden, Douglas County, Nevada.

5. The undersigned does hereby swear under penalty of perjury
that the foregoing assertions are true and correct.

DATED: March 30, 2007.

Eileen K. Decker
EILEEN K. DECKER

Subscribed and sworn to before me
this 30 day of March, 2007.

Carey Morgan
Notary Public, in and for the
County of Washoe, State of Nevada



CERTIFICATION OF VITAL RECORD

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2007000805
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 HAVE BECOME IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST James			1b. MIDDLE Windsor			1c. LAST DECKER			2. DATE OF DEATH (Mo/Day/Year) February 21, 2007			3a. COUNTY OF DEATH Douglas			
3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 1507 Deseret Dr.						3d. If Hosp. or Inst. Indicate DOA, OP/Emar. Rm. Inpatient (Specify)			4. SEX Male			
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE - Last birthday (Years) 78			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 30, 1928		
9a. STATE OF BIRTH (If not U.S.A., name country) Minnesota			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 22			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Eileen JONES			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Pathologist						14b. KIND OF BUSINESS OR INDUSTRY Medicine						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1507 Deseret Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) James Garfield DECKER						17. MOTHER - NAME (First Middle Last Suffix) Helen DOWE									
18a. INFORMANT - NAME (Type or Print) Eileen DECKER						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1507 Deseret Dr Minden, Nevada 89423									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery			19c. LOCATION City or Town State Minden Nevada 89423									
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK MOEL SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 820			20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423									
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 PHIL MARC ALDRICH 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) February 28, 2007			21c. HOUR OF DEATH 11:44			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) Phil Marc Aldrich M.D. 412 W. John Street Carson City, NV, 89703									23b. LICENSE NUMBER 3334						
24a. REGISTRAR (Signature) SARAM KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 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).)															
PART I (a) Probable Myocardial Infarction						Interval between onset and death Minutes									
(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Disease						Interval between onset and death Years									
(c) DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mellitus						Interval between onset and death Years									
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Pancreatic Cancer, Hyperlipidemia									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

Information Corrected, State Affidavit# 46800, 03/15/2007 - 16a 16b

T04150 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 15 2007

STATE REGISTRAR

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

PN002 (Rev.) 1/06



BK- 0507
PG- 3429

DO NOT ALTER



WASHOE COUNTY RECORDER

OFFICE OF THE RECORDER
KATHRYN L. BURKE, RECORDER

1001 E. NINTH STREET
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
PHONE (775) 328-3661
FAX (775) 325-8010

LEGIBILITY NOTICE

The Washoe County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties rights may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy.

Carey Morgan
Signature

5/4/2007
Date

CAREY MORGAN
Printed Name