DOC # 0701579 05/21/2007 03:19 PM Deputy: DW OFFICIAL RECORD Requested By:

STEWART TITLE

A.P.N. # 1320-32-612-002 ESCROW NO. 070300574 RECORDING REQUESTED BY: STEWART TITLE COMPANY

Douglas County - NV Werner Christen - Recorder

1 Οf 3 Fee: 16.00 Page: BK-0507 PG- 7200 RPTT: 0.00



WHEN RECORDED MAIL TO:	1 (1861) 1861) 1861) 1861) 1861 (1861) 1861) 1861 (1861) 1861) 1861							
Phillip E. Corbitt 1120 Willow Street								
Gardnerville, NV 89410	~ \ \							
	(Space Above For Recorder's Use Only)							
AFFIDAVIT - DEATH OF JOINT TENANT								
STATE OF NEVADA } } ss.								
COUNTY OF Douglas }								
Phillip E. Corbitt	, of legal age, being first duly sworn, deposes							
and says: That Patilla Gayle Corbitt	the decedent mentioned in the attached							
certified copy of Certificate of Death, is the same person	eed dated June 25, 1986							
named as one of the parties in that certain Grant D executed by Cole S. Smith, an unmarr	eed dated June 25, 1986							
to Phillip E. Corbitt and Patill	a D. Corbitt, husband and wife							
as joint tenants, recorded as Instrument No. 13681								
in Book 686 Page 2560 of Office	ial Records of Douglas							
County, Nevada, covering the following described prop-	erty situated in Douglas							
County, State of Nevada:								
SEE EXHIBIT "A" ATTACHED HERET								
DATE: May 21, 2007	hillip E. Corbitt							
STATE OF Nevada								
COUNTY OF Douglas } ss.	APRIL WALKER							
This instrument was acknowledged before me on May by, Phillip E. Corbitt	NOTARY PUBLIC STATE OF NEVADA Appt. Recorded in Douglas County My Appt. Expires July 25, 2009 No: 05-98457-5							
Signature (april Waller)								

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

EXHIBIT "A" LEGAL DESCRIPTION

Order No.: 070300574

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

Lot 2, Block A, as shown on the map of WEST ADDITION TO THE TOWN OF GARDNERVILLE, filed in the Office of the County Recorder of Douglas County, Nevada on March 14, 1958, in Book 1 of Maps, as File No. 13016.

Assessors Parcel No. 1320-32-612-002



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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

4	g tet tome		OEKHILIOMI.	E OL DÉVIL		STATE FILE	NUMBER	· · · · · ·	
PRINT IN	a DECEASED NAME FIRST 16. MIDDLE 1c. LAST				2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH				
PERMANENT BLACK INK	Patilla	Patilla Gayle CORBITT				January 26, 2007 Douglas			
DLACK INK	3b. CITY, TOWN, OR LOCATIO	ive street 3e.If Hosp. or Inst. indicate DOA, OP/Emer. Rm. 4, SEX							
DECEDENT	Minden 🐔	and number	925 Ironwood	d Drive	inpatient(Sp	еспу)		Female	
DECEDENT	5. RACE-(e.g., White, Black	6. Was Decedent of Hispa	nic Origin? No	7a. AGE-Last	7b. UNDER 1 YEAR 7		B. DATE OF BIRTH	(Mo/Day/Yr)	
	American Indian) (Specify) White	If yes, specify Mexican, Cu No	iban, Puerto Rican, etc. In-hispanic	7a. AGE-Last birthday (Years) 66	MOS; DAYS.	IOURS LIMINS	November (07, 1940	
IF DEATH	9a. STATE OF BIRTH (If not U.	EVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give maiden name)							
OCCURRED IN INSTITUTION	name country), Arkansas	United	States 13	DIVORCED (Spe	Marrie		THIR COR	BITT	
SEE HANDBOOK REGARDING	13: SOCIAL SECURITY NUMBER: 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working 14b. KIND OF BUSINESS OR INDUSTRY								
COMPLETION OF RESIDENCE	Life, Even if Retired) Secretary Douglas County School District								
ITEMS	15a RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR	LOCATION 15d.	STREET AND NUMBER		15e. I	NSIDE CITY S (Specify Yes or	
	Nevada	Douglas	Gardner		20 Willow Street %	in .	No)	S (Specify Yes or Yes	
PARENTS	16. FATHER - NAME (First Mid	are the factor of	Chief The Control of	17 MOTHER	NAME (First Middle	***	1		
PARENIS		· □ Erith DIXON	** 54.			lise HARE			
	18a. INFORMANT- NAME (Type		18b. MAILING AC		F.D. No, City or Town,				
,		CORBITT AND A	كران المراجعة المصر التنا		Box 2672 Minden,	·			
	19a: BURIAL, CREMATION, RE	199	PARTY AND A STATE OF THE STATE	(ダ大変) アイ・ステキメル アー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Section 1	19c LOCATION		tate 0704	
ISPOSITION	Cremate 20a FUNERAL DIRECTOR - S	11 - 1509 S S S S S S S S S S S S S S S S S S S		henry's Crematory	ME AND ADDRESS OF		City Nevada 8	9701	
		SMOLENSKI	DIRECTOR			Carson Valley	Funeral Home		
		TURE AUTHENTICATE	2	iz\\	1380 Highway	/ 395 N Gardner	ville, NV, 89410	().	
RADE CALL	TRADE CALL - NAME AND AD		March 1	Mr. Carrie	The state of the s	- MA	7 · .		
	≥ 21a. To the best of my	knowledge death accumed	at the time, date and place ar	d duel > 22a On th	ne basis of examination	and/or investigation	in my opinion dear	th occurred at	
	୍ଲ 💍 to the cause(s) stated. 🖟	(Signature & Title) SIGN	ATURE AUTHENTICATE	Din 22a. On I	date and place and due	to the cause(s) state			
,	DELRO	Y ANTHONY MC	FARLANE M.D. HOUR OF DEATH 3	₹ 6.	E SIGNED (Mo/Day/Yr)	日 2 計額 12	OUR OF DEATH		
CERTIFIER	ි දී: January 31, 20	07	07:57	S 22b DAT	c glouds (manager)	7~ 。他 = ***			
CERTIFIER		DING PHYSICIAN IF OTHE	R THAN CERTIFIER	22d. PRO	NOUNCED DEAD (MO)	Day/Yr) 11 22e P	RONOUNCED DEA	D AT (Hour)	
	부품: (Type or Print)		MAN TO BE SHOW	A FAILER					
	23a. NAME AND ADDRESS OF					rint). /# 23	b. LICENSE NUMBI	ER 🤼	
		y Anthony McFarlan	ie M.D. 925 Ironwood		- Add	<i>诗。脚</i> :	9617		
REGISTRAR	24a: REGISTRAR (Signature)	Auffen Came Billie er eine ferent er	COERNER CO	Company that are the	ED BY REGISTRAR	* B.J	UE TO COMMUNIC	ABLE DISEASE	
	7- X		HENTICATED A STORY	(A)	oruary 02, 2007	YES	NO [<u> </u>	
CAUSE OF DEATH	Cardior	oulmonary Arrest	IE CAUSE PER LINE FOR (a), (b), AND (c):)	· 25 /- 5	MI triterval betw	een onset and deat	n .	
	<u>(a)</u>	R AS A CONSEQUENCE O	S. N. W. Chill. No. 3, 117	· Fish	The state of the s	(for a lotopical body	een onset and deat	<u>, ,) </u>	
CONDITIONS IF ANY WIDCH	Lung C	 ************************************		المسلم التواد خزيد - النوا مسلم التواد خزيد -		a la inferval nerv	eeil Onset and dead	"	
GAVE RISE TO		R AS A CONSEQUENCE O	F No.		<u>r y r reger</u> Name of the second	intencal beha	een onset and deat	h	
STATING THE				المستحق ميرية المستراكية	150				
UNDERLYING CAUSE LAST	PART OTHER SIGNIFIC	ANT CONDITIONS-Conditi	ons contributing to death but	not resulting in the unde	erlying cause given in Pa	rt 1. 26. AUTOPSY	(Specify 27, WAS C	ASE REFERRED	
I /		This was a second				I Vaa as Nat	NO OF NO)	NER (Specify Yes: Yes	
[/ : /	28a. ACC., SUICIDE, HOM., UNDET.	286 DATE OF INJURY	(Mo/Day/Yr) 28c HOUR OF	INJURY 28d DESCRI	BE HOW INJURY OCC	JERED.			
	OR PENDING INVEST. (Specify)	Jak Film				m the law		·	
<u> </u>	28e. INJURY AT WORK (Speci		- At home, farm, street, factor	y, office 28g. LOCATI	ON STREET OR	R.F.D. No. CIT	OR TOWN	STATE	
<u> </u>	Yes or No). (1755 % 1 √)	building, etc. (Specify)				in the second			

STATE REGISTRAR

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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:

This copy is not val05/n16/2006 and on engraved border displaying date, seal and signature of Registrar.

