

OFFICIAL RECORD

Requested By:
STEWART TITLE

A.P.N. # 1220-09-810-083
ESCROW NO. 070100958
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0607 PG- 5966 RPIT: 0.00



WHEN RECORDED MAIL TO:

Patricia Smith
1385 Dresslerville Rd.
Gardnerville, NV 89460

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

Patricia D. Smith, of legal age, being first duly sworn, deposes
and says: That **Ralph Daryl Smith**, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as **Ralph Daryl Smith**
named as one of the parties in that certain **Deed** dated **March 12, 2001**
executed by **Ross D. Turner and Joan C. Turner**
to **Ralph D. Smith and Patricia D. Smith**
as joint tenants, recorded as Instrument No. **511398**, on **March 30, 2001**
in Book **0301**, Page **8169**, of Official Records of **Douglas**
County, Nevada, covering the following described property situated in **Douglas**
County, State of Nevada:

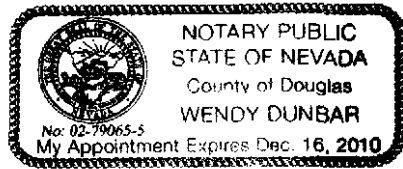
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: **June 05, 2007**

Patricia D. Smith

Patricia D. Smith

STATE OF Nevada }
 } ss.
COUNTY OF Douglas }



This instrument was acknowledged before me on 6-5-07
by, **Patricia D. Smith**

Signature *W. Dunbar*

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

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2006003622

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 Ralph Daryl			1b. MIDDLE SMITH		1c. LAST SMITH		2. DATE OF DEATH (Mo/Day/Year) October 27, 2006		3a. COUNTY OF DEATH Washoe				
3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Tahoe Pacific Hospital Meadows			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		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) 65		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS.		8. DATE OF BIRTH (Mo/Day/Yr) April 26, 1941			
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Patricia CARNAHAN					
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Building Coordinator			14b. KIND OF BUSINESS OR INDUSTRY Research Laboratory							
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1385 Dresslerville		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Norman John MCCLEARY						17. MOTHER - NAME (First Middle Last Suffix) Rita Mae COMEAU							
18a. INFORMANT-NAME (Type or Print) Patricia D SMITH						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1385 Dresslerville Road Gardnerville, Nevada 89460							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION - City or Town - State Carson City Nevada 89701							
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMMY DERMODY SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 09		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) ANNE M CHANDLER 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) ANNE M CHANDLER SIGNATURE AUTHENTICATED							
21b. DATE SIGNED (Mo/Day/Yr) November 03, 2006			21c. HOUR OF DEATH 18:10			22b. DATE SIGNED (Mo/Day/Yr) October 27, 2006			22c. HOUR OF DEATH 18:10				
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) October 27, 2006			22e. PRONOUNCED DEAD AT (Hour) 18:10				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ms. Anne M Chandler P.o. Box 11130 Reno, NV 89520									23b. LICENSE NUMBER				
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 14, 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) Anoxic encephalopathy										Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
(b) Airway obstruction										Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
(c) Aspiration of food bolus										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 CORNER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) October 09, 2006		28c. HOUR OF INJURY 1100		28d. DESCRIBE HOW INJURY OCCURRED Foreign body in airway							
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. 1385 Dresslerville Road		CITY OR TOWN Gardnerville		STATE Nevada					

STATE REGISTRAR

AKA: Ralph Daryl MCCLEARY



BK- 0607
PG- 5967
06/19/2007

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This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar:

Mary A. Anderson

Date:

NOV 15 2006

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 070100958

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

Lot 305, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

Assessor's Parcel No. 1220-09-810-083