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Assessor's Parcel Number: 1320-29-212-037

Recording Requested By:

✓ Name: NANCY CAULEY TRUSTEE  
Address: 1019 SILVERANCH  
City/State/Zip: GARLANDVILLE NV 89460

Mail Tax Statements to:

Name: NANCY K. CAULEY TRUSTEE  
Address: 1019 SILVERANCH  
City/State/Zip: GARLANDVILLE NV 89460

Please complete Affirmation Statement below:

~~S~~ 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)

-OR-

X I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: 440.380 (state specific law)

Nancy Cauley  
Signature (Print name under signature)

Trustee  
Title

AFFIDAVIT BY SURVIVING JOINT TENANT

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: \_\_\_\_\_ (Document Title), Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Document # \_\_\_\_\_ recorded \_\_\_\_\_ (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:

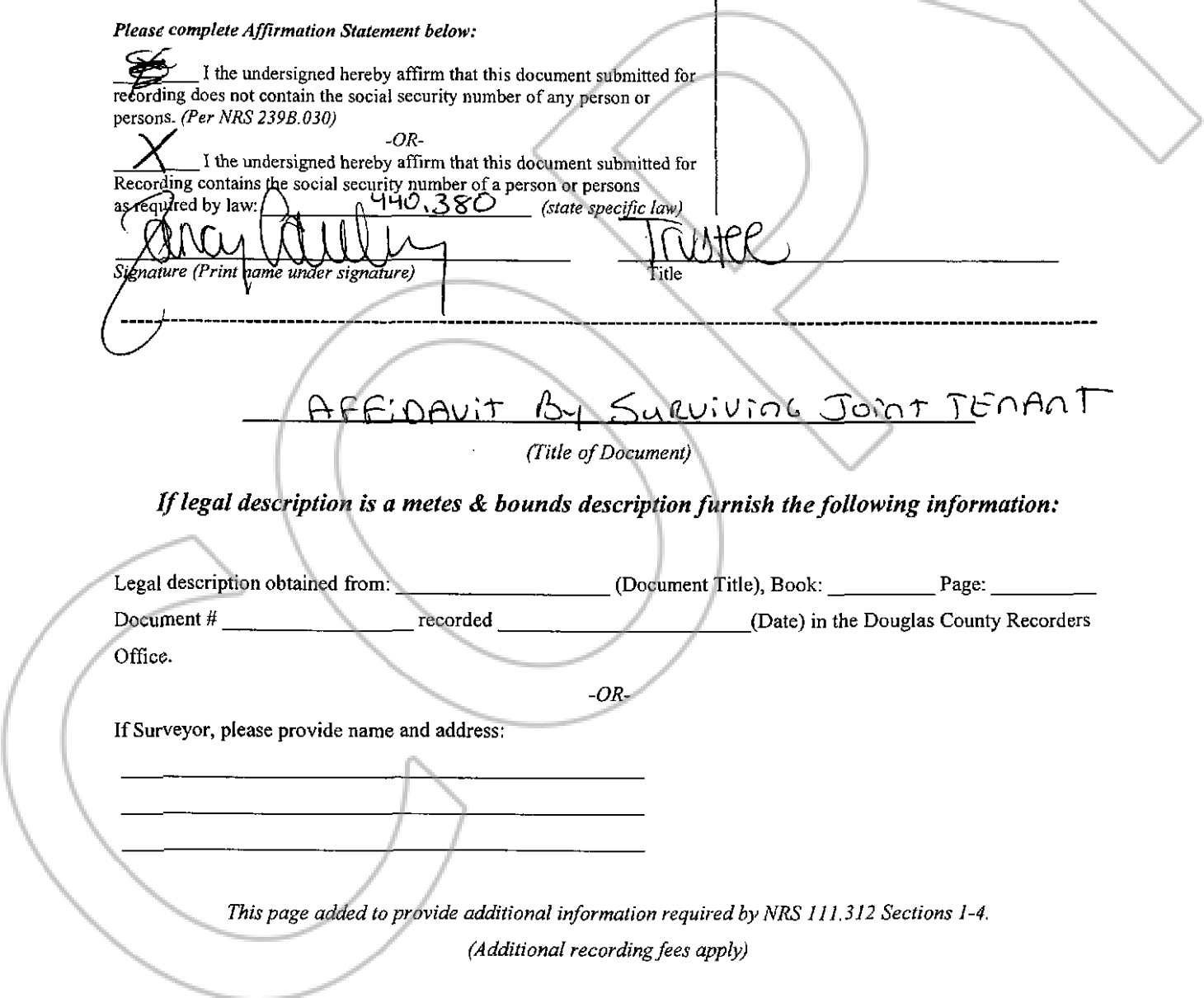
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

DOC # **0703654**  
06/22/2007 10:00 AM Deputy: CF  
**OFFICIAL RECORD**  
Requested By:  
**JACK & MARY TROY**

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0607 PG- 7161 RPTT: 0.00



# AFFIDAVIT BY SURVIVING JOINT TENANT

State of Nevada        )  
                                  )ss:  
County of Douglas     )

MARY E. TROY, being first duly sworn, deposes and says:

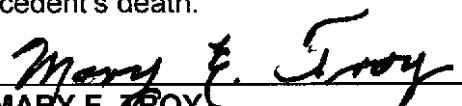
That affiant is the surviving spouse of JACK H. TROY, and that affiant and the said JACK H. TROY deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated August 27, 1990, under the terms of which Western Nevada Properties, Inc., a Nevada corporation, was the seller to JACK H. TROY and MARY E. TROY, husband and wife, as Joint Tenants with right of survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded August 31, 1990, in Book 890 at page 5217 being document number 233674, of the Official Records of Douglas County, Nevada.

Affecting all that certain piece or parcel of land situate in the County of Douglas, State of Nevada, as follows:

LOT 111, IN BLOCK B, AS SET FORTH ON THE MAP OF WINHAVEN UNIT NO. 1, A PLANNED UNIT DEVELOPMENT FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 13, 1989, AS DOCUMENT NO. 194373

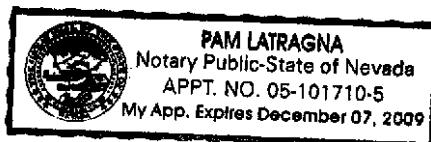
That the said JACK H. TROY, one of the grantees in the Joint Tenancy Deed, died on the 28<sup>th</sup> day of October, 2006, in Carson City, Nevada, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "1", that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

That all interest in and to said real property, hereinabove described, vested absolutely in affiant namely, MARY E. TROY, as of the date of decedent's death.

  
MARY E. TROY

SIGNED and SWORN to before me  
this 19<sup>th</sup> day of June, 2007.

  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**TYPE OR PRINT IN PERMANENT BLACK INK**

**PRECEDENT**

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

**PARENTS**

**POSITION**

**CERTIFIER**

**CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE**

**CAUSE OF DEATH**

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. John Jack Harry TROY		2. October 28, 2006		3a. Carson City		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emr. Rm. Inpatient (Specify)		SEX	
3b. Carson City		3c. Carson Tahoe Regional Medical Center		3e. Inpatient		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 82		8. June 26, 1924	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. USA		10. 16		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Teacher		14b. Elementary/Middle School		12. Mary E. Sullivan	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Minden		15d. 1677 Lantana Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. No	
		16. Harry Troy		17. Catherine Shannon			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Nancy Cauley		18b. 1019 Silveranch Road		Gardnerville, Nevada		89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 09		20c. Society 1614 N. Curry St. Carson City, NV 89703			
21. To the best of my knowledge, death occurred at the time, date and place indicated due to the cause(s) stated.		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) and manner stated.					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 10/31/06		21c. 09:25		22b. [Signature]		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. Phillip Aldrich M.D. 412 W. John St. Carson City, NV 89703		23b. 3334					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. October 31, 2006		24c. 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 I (a) Respiratory failure				Days			
(b) Probable pneumonia				Days			
(c)							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
COPD atrial fibrillation, Anemia		26. No		27. No			
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			



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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: OCT 31 2006

This copy is not valid unless



BK- 0607  
PG- 7163

No. 342165

