

OFFICIAL RECORD

Requested By:

WESTERN TITLE COMPANY INC

APN# : 1420-18-110-006

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0607 PG- 7695 RPTT: 0.00

Recording Requested By:

Western Title Company, Inc.

ACCOMMODATION ONLY

When Recorded Mail To:

Ginger A. Miner

815 Amador Court

Carson City, NV 89705

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons.

Signature

*Ginger A. Miner*

Print name: Ginger A. Miner

Title: Surviving Joint Tenant

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY!, WITHOUT LIABILITY ON THE PART OF WESTERN TITLE COMPANY, INC. FOR THE SUFFICIENCY HEREOF OR FOR THE CONDITION OF TITLE

**AFFIDAVIT - DEATH OF JOINT TENANT**

Ginger A. Miner, an unmarried woman,, of legal age, being first duly sworn, deposes and says:

That Edith McGowan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Edith McGowan named as one of the parties in that certain Grant Deed dated 10/01/2002 executed by Alice A. Saunders and David C. Saunders, Wife and husband, to Ginger A. Miner, an unmarried woman, and Edith M. McGowan, an unmarried woman, as Joint Tenants, recorded as instrument No. 689629 on 11/29/2006, in Book 1106, Page 9962, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 24, in Block D, as set forth on Final Map No. 1011-2B entitled VALLEY VISTA ESTATES 2, PHASE 2 B, filed for record in the office of the Douglas County Recorder on December 15, 2000, Book 1200, Page 3005, Document No. 505139, Official Records, and by Certificate of Amendment filed for record on May 21, 2001, in Book 501, Page 5657, as Document No. 514509, Official Records.

Affidavit of Death, Page 1

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY, WITHOUT LIABILITY ON THE PART OF WESTERN TITLE COMPANY, INC. FOR THE SUFFICIENCY HEREOF OR FOR THE CONDITION OF TITLE



That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$10.00.

Dated June 11, 2007

Ginger A. Miner  
Surviving Joint Tenant - Ginger A. Miner

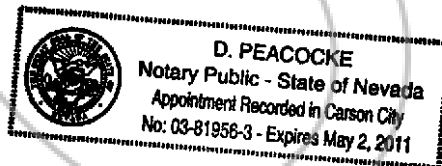
STATE OF NEVADA } SS

COUNTY OF CARSON CITY

This instrument was acknowledged before me on

June 11, 2007, by Ginger A. Miner.

D. Peacocke  
Notary Public



THIS DOCUMENT IS BEING RECORDED AS  
AN ACCOMMODATION ONLY!, WITHOUT  
LIABILITY ON THE PART OF WESTERN  
TITLE COMPANY, INC. FOR THE  
SUFFICIENCY HEREOF OR FOR THE  
CONDITION OF TITLE

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

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

2007002364  
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 Edith			1b. MIDDLE MCGOWAN			1c. LAST MCGOWAN			2. DATE OF DEATH (Mo/Day/Year) May 14, 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) Carson Valley Medical Center				3e. If Hosp. or inst. Indicate DOA, OP/Emer. Run. 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) 84		7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 24, 1922			
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) Divorced			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) Bookkeeper				14b. KIND OF BUSINESS OR INDUSTRY U. S. Government						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 815 Amador Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Leon MERTON						17. MOTHER - NAME (First Middle Last Suffix) Georgia BENNETT								
18a. INFORMANT - NAME (Type or Print) Ginger MINER						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 815 Amador Court Carson City, Nevada 89705								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park				19c. LOCATION City or Town State Minden Nevada 89423						
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) GARRETT DONALD SCHWARTZ M.D. 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) May 17, 2007			21c. HOUR OF DEATH 10:20			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) Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410										23b. LICENSE NUMBER 9086				
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 18, 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 (a) Sepsis Syndrome						Interval between onset and death 3 Days								
(b) DUE TO, OR AS A CONSEQUENCE OF: Decubitus ulcers						Interval between onset and death								
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death								
PART. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOMICIDE, 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

519983

0703763 Page: 4 Of 4 06/25/2007

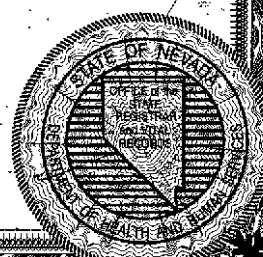
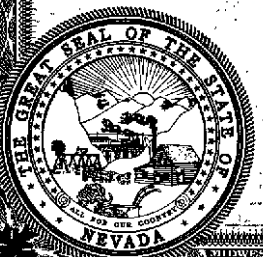
BK- 0607  
PG- 7698

145977 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: 05/23/2007

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE