

17

1319-03.811-003  
APN: ~~17-380-83~~  
R.P.T.T. #4 = 0

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0607 PG- 9340 RPTT: 0.00



WHEN RECORDED RETURN TO:  
Stephen L. Wilson  
✓ P.O. Box 113  
Genoa, NV 89411-0113

GRANTEE-Mail Tax Statements To:  
Stephen L. Wilson  
P.O. Box 113  
Genoa, NV 89411-0113

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number or 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 law: \_\_\_\_\_  
(State specific law)

*Stephen L. Wilson*  
 \_\_\_\_\_  
 Signature (Print name under signature) Title  
 STEPHEN L. WILSON Owner

STATE OF NEVADA )  
 )ss.  
 CARSON CITY )

**AFFIDAVIT BY SURVIVING JOINT TENANT**

**STEPHEN L. WILSON**, being first duly sworn, deposes and says:

That affiant is the Surviving Joint Tenant of **LAVONNE F. WILSON**, and party of the second part in that certain Deed dated March 1, 2002, wherein LAVONNE F. HALLAHAN-WILSON, a married woman, party of the first part, and STEPHEN L. WILSON and LAVONNE F. WILSON, husband and wife, as joint tenants, parties of the second part, conveying to said parties of the second part that certain real property situate in the County of Douglas, State of Nevada, that is described as follows:

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

TOGETHER with all and singular, the waters and water rights, ditches and ditch  
rights, the tenements, hereditaments and appurtenances, including easements, if any,  
thereunto belonging, or in any wise appertaining, and the reversion and reversions,  
remainder and remainders, rents, issues and profits thereof.

That said Deed was recorded on March 7, 2002, as Document #0536461, of  
Official Records Douglas County, State of Nevada.

That LAVONNE WILSON, party of the second part in said Deed, died on  
February 20, 2007, and is the identical person named in that certified copy of death  
certificate attached hereto; that 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.

DATED this 28<sup>th</sup> day of June, 2007.

STATE OF NEVADA  
COUNTY OF CARSON CITY

Stephen L. Wilson  
STEPHEN L. WILSON

SUBSCRIBED and SWORN to

before me this 28<sup>th</sup> day of

JUNE, 2007. by Stephen L. Wilson

Carol A. Broady  
Notary Public



CAROL A. BROADY  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 95-0781-2 - Expires September 7, 2007



## EXHIBIT "A"

### LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 3 Block A as said Lot and Block is set forth on the Final Map of GENOA LAKES PHASE 2, a Planned Unit Development, recorded June 2, 1994, in the Official Records of Douglas County, Nevada as Document Number 338683.

A.P.N. ~~17-380-03~~ 1319-03-811-003

That certain Exclusive Use and Landscape Easement described as follows:

Commencing at the Southeasterly corner of Unit 3 as shown on the Final Map for Genoa Lakes Phase 2 Planned Unit Development, Document No. 338683 of the Douglas County Recorder's Office, said point bears S. 78° 02' 22" W., 152.55 feet from Tie Point 'D' as shown on the Genoa Lakes Phase 2 Final Map; thence N. 83° 19' 56" W, along the Southerly line of said Unit 3, 56.33 feet to the TRUE POINT OF BEGINNING; thence N. 83° 19' 56" W., 25.00 feet; thence N. 19° 35' 37" W., 42.19 feet; thence N. 05° 59' 32" W., 32.97 feet; thence S. 83° 19' 56" E., 33.00 feet to the Southwesterly corner of Unit 4 of said Genoa Lakes Phase 2 Final Map; thence S. 83° 19' 56" E., along the Southerly line of said Unit 4, 50.33 feet; thence S. 06° 40' 04" W., 4.00 feet; thence S. 83° 19' 56" E., 9.89 feet; thence S. 06° 40' 04" W., 11.00 feet to a point on the Northerly line of said Unit 3; thence along the Northerly and Westerly boundary lines of said Unit 3 the following 8 courses:

1. N. 83° 19' 56" W., 64.00 feet;
2. S. 06° 40' 04" W., 2.33 feet;
3. N. 83° 19' 56" W., 2.00 feet;
4. S. 06° 40' 04" W., 12.50 feet;
5. S. 83° 19' 56" E., 2.00 feet;
6. S. 06° 40' 04" W., 2.33 feet;
7. S. 83° 19' 56" E., 21.67 feet;
8. S. 06° 40' 04" W., 37.83 feet to the TRUE POINT OF BEGINNING.

Per NRS 111.312 this legal description was previously recorded as Document # 374251, Book 1195, Page 770 dated 11/0/95.

**CERTIFICATION OF VITAL RECORD**

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

**2007000957**  
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 <b>LaVonne</b>			1b. MIDDLE <b>HALLAHAN-WILSON</b>			1c. LAST <b>HALLAHAN-WILSON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 20, 2007</b>			3a. COUNTY OF DEATH <b>Carson City</b>		
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>West side of Carson and Old Clear Creek Rd.</b>					3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX <b>Female</b>		
5. RACE-(e.g., White, Black, American Indian) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>Non-hispanic</b>			7a. AGE-Last birthday (Years) <b>67</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 06, 1939</b>			
9a. STATE OF BIRTH (If not U.S.A. name country) <b>California</b>			9b. CITIZEN OF, WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (if wife, give maiden name) <b>Stephen L WILSON</b>			
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Realtor</b>					14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>					
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>			15d. STREET AND NUMBER <b>2456 Genoa Springs Ct.</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>				
16. FATHER - NAME (First Middle Last Suffix) <b>Homer FENWICK</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Irma WEASER</b>								
18a. INFORMANT - NAME (Type or Print) <b>Stephen L WILSON</b>				18b. MAILING ADDRESS: (Street or R.F.D. No. City or Town, State, Zip) <b>P.O. Box 113 Genoa, Nevada 89411</b>										
19a. BURIAL, CREMATION, REMOVAL: OTHER (Specify) <b>Cremation</b>				19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>				19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Road Carson City NV 89706</b>								
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) <b>RUTH BESELER</b> 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) <b>RUTH BESELER</b> SIGNATURE AUTHENTICATED								
21b. DATE SIGNED (Mo/Day/Yr) <b>March 06, 2007</b>			21c. HOUR OF DEATH <b>22:09</b>			22b. DATE SIGNED (Mo/Day/Yr) <b>March 06, 2007</b>			22c. HOUR OF DEATH <b>22:09</b>					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>February 20, 2007</b>			22e. PRONOUNCED DEAD AT (Hour) <b>22:09</b>					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Ruth Beseler, 901 E Musser St. Carson City, NV 89701</b>										23b. LICENSE NUMBER <b>930</b>				
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 06, 2007</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/></b>							
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))														
PART I (a) <b>Hypertensive heart disease</b>														
DUE TO, OR AS A CONSEQUENCE OF														
(b) <b>Cardiomegaly</b>														
DUE TO, OR AS A CONSEQUENCE OF														
(c) <b>Mild coronary atherosclerosis</b>														
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) <b>Yes</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		
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**

BK- 0607  
PG- 9343  
0704033 Page: 4 of 4 06/28/2007

QSRB1004-Rev-F

**T0760**

**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:**

**03/06/2007**

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

PRNCO (Rev.) 11/06

SIGNATURE AUTHENTICATED

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE