

OFFICIAL RECORD

Requested By:

MARQUIS TITLE & ESCROW

A.P.N. 1420-07-715-015  
Escrow No. 273184-BS  
When Recorded Mail To:  
Deny Weaver  
977 Parkview Drive  
Carson City, Nevada 89705

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-0707 PG-0757 RPTT: 0.00



**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That Charlene Weaver, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charlene Weaver named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 30, 1999, executed by Michael R. Dachroeden and Jodi Dachroeden, husband and wife to Deny Weaver and Charlene Weaver, husband and wife, as joint tenants, recorded as Instrument No. 0467062 on April 30, 1999 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

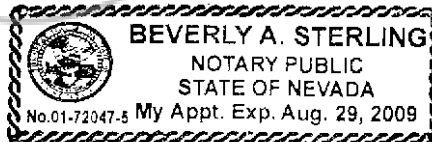
Lot 13, in Block S, as set forth on the Final Map of SUNRIDGE HEIGHTS, PHASE 6A & 8A, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, in Book 595, Page 1, as Document No. 361213 and by Certificate of Amendment recorded May 17, 1995, in Book 595, Page 2588, as Document No. 362268 and by Certificate of Amendment recorded August 7, 1995, in Book 895, Page 816, as Document No. 367680.

APN: 1420-07-715-015

Dated: June 29, 2007

Deny Weaver

STATE OF NEVADA )  
 ) SS.  
COUNTY OF CARSON )



On June 29, 2007, before me, a notary public, personally appeared Deny Weaver personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that executed the instrument.

Notary Public

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

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Charlene		WEAVER		2. March 15, 2006	3a. Douglas
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/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. 977 Parkview Drive		3a.	4. Female
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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 64	7b.	7c.	8. August 19, 1941
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)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. California	9b. U.S.A.	10. 13	11. Marreid	12. Deny Weaver	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13.	14a. Homemaker		14b. Own Home		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Carson City	15d. 977 Parkview Dr.	15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Charles Cox		17. Marian Blackburn			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Deny Weaver		18b. 977 Parkview Drive, Carson City, Nevada 89705			
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. <i>[Signature]</i>		20b. 09	20c. 1478 4th St., Minden, Nevada 89423		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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. (Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 3/22/06		21c. 19:44		22b.	
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. Jeffrey Sanders, M.D., 1001 N. Mountain St., Carson City, NV 89703				23b. 9347	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>	24b. March 23, 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).)		PART I		Interval between onset and death	
(a) Cardiac arrest		DUE TO, OR AS A CONSEQUENCE OF:		immediate	
(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		DUE TO, OR AS A CONSEQUENCE OF:		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.			AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
Obesity, sleep apnea, Pulmonary hypertension, Atrial flutter.			26. NO	27. Yes	
ACC. SUICIDE, HOMICIDE, 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.			

STATE REGISTRAR No. 336106

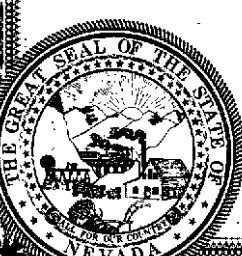
BK- 0707  
PG- 758  
0704404 Page: 2 of 2 07/03/2007

109256 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: **MAR 22 2006**

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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE