

16  
APN: 1220-04-112-034

RECORDING REQUESTED BY AND  
MAIL TO:

✓ Paul and Susan Brunelle  
1290 Centerville Lane  
Gardnerville, NV 89410

Pursuant to NRS 239B.030(4), I affirm that  
the instrument contained below (or attached hereto)  
does not contain the social security number  
of any person.

DOC # 0707805  
08/20/2007 10:12 AM Deputy: DW  
OFFICIAL RECORD  
Requested By:  
SUSAN BRUNELLE

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0807 PG-05715 RPTT: 0.00



AFFIDAVIT OF SURVIVING JOINT TENANT

PAUL BRUNELLE and SUSAN BRUNELLE, being first duly sworn on  
oath, depose and state under the pains and penalties of perjury as  
follows:

1. That your affiants are the surviving joint tenants under  
that Joint Tenancy Deed recorded on September 6, 1996. 2. Your  
affiants and DOROTHY R. PARRISH were grantees in joint tenancy with  
right of survivorship pursuant to that certain Joint Tenancy Deed  
dated July 5, 1996, and recorded September 6, 1996, in the official  
records of Douglas County, Nevada, as Document No. 395836.

The grantees in the Joint Tenancy Deed are one and the  
same as your affiants and DOROTHY R. PARRISH.

3. The joint tenancy property, with right of survivorship,  
is located at 1330 Kingslane, Gardnerville, Nevada. The property  
may be more specifically identified as:

SEE EXHIBIT "A" ATTACHED HERETO

Dorothy R. Parris, affiants' joint tenant, died on July 10, 2007, in Gardnerville, Nevada, and is the identical person named as the Deceased in that certain certified copy of the certificate of death attached hereto as Exhibit "A". The certified copy of the certificate of death is incorporated herein by this reference as if set forth in full.

4. That all of the property identified herein is now vested in your affiants, PAUL BRUNELLE and SUSAN BRUNELLE, husband and wife and as joint tenants, as of the date of the Decedent's death.

DATED this 20 day of August, 2007.

  
\_\_\_\_\_  
PAUL BRUNELLE

  
\_\_\_\_\_  
SUSAN BRUNELLE

**A C K N O W L E D G E M E N T**

STATE OF NEVADA     )  
                              ) ss.  
COUNTY OF DOUGLAS )

On August 20, 2007, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared PAUL BRUNELLE and SUSAN BRUNELLE, known to me to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same.

This instrument was acknowledged before me on this 20 day of August, 2007.

  
\_\_\_\_\_  
NOTARIAL OFFICER

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

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

2007004238  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

1a. DECEASED-NAME - FIRST Doris			1b. MIDDLE Ruth			1c. LAST PARRISH			2. DATE OF DEATH (Mo/Day/Year) July 10, 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. Rm. 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) 83			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) February 07, 1924		
9a. STATE OF BIRTH (if not U.S.A., name country) Washington			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			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) Homemaker						14b. KIND OF BUSINESS OR INDUSTRY Own Home					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1330 Kingslane			16a. INSIDE CITY LIMITS (Specify Yes or No) Yes					
18. FATHER - NAME (First Middle Last Suffix) Glen Raymond FAIRFIELD						17. MOTHER - NAME (First Middle Last Suffix) Margarite SIMS											
18a. INFORMANT- NAME (Type or Print) Susan BRUNELLE						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1290 Centerville Lane Gardnerville, Nevada 89410											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory						19c. LOCATION City or Town State Carson City Nevada 89701					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> 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) <b>JOSEPH AKWASI BOATENG M.D.</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)											
21b. DATE SIGNED (Mo/Day/Yr) July 13, 2007						21c. HOUR OF DEATH 09:36											
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) Joseph Akwasi Boateng M.D. Southern Nevada Physicians, LL, Las Vegas, NV 89118									23b. LICENSE NUMBER 8193								
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 16, 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 I (a) Respiratory Failure																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) Chronic Obstructive Pulmonary Disease Exacerbation																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I																	
PART II Ischemic Colitis, Renal Insufficiency																	
26a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED:								
26e. INJURY AT WORK (Specify Yes or No)			26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			26g. LOCATION			STREET OR R.F.D. No.			CITY OR TOWN			STATE		

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

STATE REGISTRAR



0707805 Page: 3 Of 3 08/20/2007

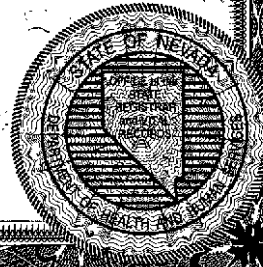
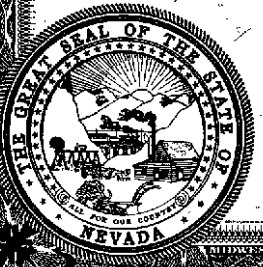
158809 CERTIFIED COPY OF VITAL RECORDS

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: 07/25/2007

*[Signature]*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE