

16-

APN: 1220-24-701-010

After recording mail to:

Darline A. Grant

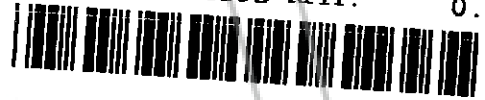
✓ 1940 Palomino Lane
Gardnerville, NV 89410

The undersigned affirms that this document contains a social security number, per NRS 40.525(5).

Darline A Grant
Darline A. Grant

DOC # 0709548
09/20/2007 12:57 PM Deputy: GB
OFFICIAL RECORD
Requested By:
DARLINE A GRANT

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0907 PG- 4393 RPTT: 0.00



AFFIDAVIT
DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF LYON)

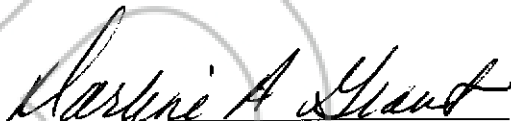
DARLINE A. GRANT, hereby swears under penalty of perjury that the following assertions are true of his own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated; that I am the wife of the Decedent.
2. That JOHN WESLEY GRANT is the Decedent named in the attached certified copy of Certificate of Death; that the Decedent is the same person as JOHN W. GRANT named as one of the parties in that certain Joint Tenancy Deed, dated May 17, 1974, executed by Dennis W. Bible and Susan Bible, to JOHN W. GRANT and DARLINE A. GRANT, husband and wife, as joint tenants, recorded as Document No. 74034, in Book 674, Page 779, in the Official Records of Douglas County, Nevada, on June 28, 1974.

3. The property which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

The East 132 feet of the Southeast 1/4 of the Northwest 1/4 of the Southeast 1/4, also the West 66 feet of the Southwest 1/4 of the Northeast 1/4 of the Southeast 1/4, all in Section 24, Township 12 North, Range 20 East, M.D.B.&M.. Said land is more fully shown on that certain "Survey Parcel Map", recorded May 17, 1974 as Document No. 73405, and being Parcel No. 2 on said map.

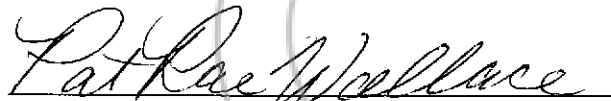
4. As recited in the above-described Certificate of Death, JOHN WESLEY GRANT died on August 11, 2007, in Gardnerville, Nevada.


DARLINE A. GRANT

SUBSCRIBED and SWORN to before me this

20th day of September, 2007,

by Darline A. Grant.


Notary Public
State of Nevada
County of Douglas



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007005664
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
GIVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME FIRST John			1b. MIDDLE Wesley			1c. LAST GRANT			2. DATE OF DEATH (Mo/Day/Year) August 11, 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) 1940 Palamino Lane						3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify)			4. SEX Male								
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) 66			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) April 09, 1941								
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) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Darline LOVETT											
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Sargeant						14b. KIND OF BUSINESS OR INDUSTRY Army National Guard											
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1940 Palamino Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes											
16. FATHER - NAME (First Middle Last Suffix) Les GRANT						17. MOTHER - NAME (First Middle Last Suffix) Jeanette LOWE																	
18a. INFORMANT - NAME (Type or Print) Darline GRANT						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1940 Palamino Lane Gardnerville, Nevada 89410																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory						19c. LOCATION City or Town State Carson City Nevada 89706											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1475 4th Street Minden NV 89423														
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) KELLE LYNN BROGAN 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) August 14, 2007						21c. HOUR OF DEATH 11:15						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) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511												23b. LICENSE NUMBER 6000											
24a. REGISTRAR (Signature) JAIMIE EVINS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 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))												Interval between onset and death											
PART I (a) Alcoholic cirrhosis of the liver												Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death											
(b)												Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death											
(c)												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												26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No								
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

0709548 Page: 3 Of 3 09/20/2007

163298

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:

This copy is not valid unless printed on engraved border displaying date, seal and signature of Registrar.
08/16/2007

SIGNATURE AUTHENTICATED

BRNCO (REV) 1/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

