

18-

DOC # 0709845
09/24/2007 11:46 AM Deputy: DW

OFFICIAL RECORD

Requested By:
JERRY H DURHAM

A.P.N. # 1220-032-11-015

RECORDING REQUESTED BY:

SHARON A. DURHAM

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0907 PG- 5525 RPTT: 0.00

WHEN RECORDED MAIL TO:

Sharon Durham
2170 A Wilkens Avenue
Napa, Ca 94559



(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

Sharon A. Durham, of legal age, being first duly sworn, deposes
and says: That Jerry H. Durham, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as Jerry H. Durham
named as one of the parties in that certain Grant Deed dated January 19, 2005
executed by Syncon Homes, a Nevada Corporation
to *SEE ATTACHED EXHIBIT "B"*
as joint tenants, recorded as Instrument No. 0635586, on January 31, 2005
in Book 0105, Page 10561, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:

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

DATE: September 19, 2007

Sharon A. Durham

Sharon A. Durham

STATE OF Nevada }
 } ss.
COUNTY OF Douglas }

** see attached notary*

This instrument was acknowledged before me on _____,
by, Sharon A. Durham

Signature _____

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

ACKNOWLEDGMENT OF AFFIDAVIT - DEATH OF JOINT TENANT
APN 1220-03-211-015

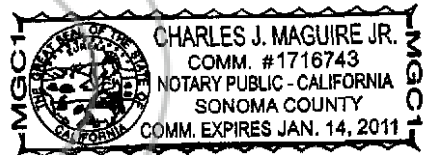
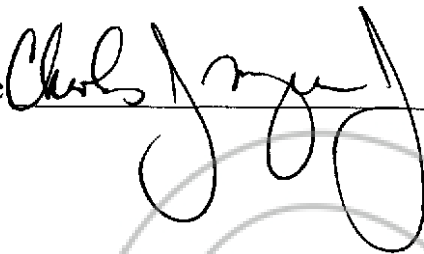
State of California

County of Sonoma

On September 19, 2007, before me, CHARLES J. MAGUIRE, JR., Notary Public, personally appeared SHARON A DURHAM, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature



(Seal)

EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 15, Block D, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for Arbor Gardens, Phase 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada on June 30, 2004 in Book 0604, Page 14661, as Document No. 617515, and by Certificate of Amendment, recorded July 22, 2004, Book 0704, Page 9327, Document No. 619458.

ASSESSOR'S PARCEL NO. 1220-03-211-015

EXHIBIT "B"

Richard R. Iverson Sr., and Paula J. Iverson, husband and wife as joint tenants and Jerry H. Durham and Sharon A. Durham, husband and wife as joint tenants, together as tenants in common

COPY



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS
COUNTY OF NAPA
 NAPA, CALIFORNIA 94559-3721

CERTIFICATE OF DEATH

3200728000715

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-100 (REV. 10/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JERRY		2. MIDDLE HOUSTON		3. LAST (Family) DURHAM	
4. DATE OF BIRTH mm/dd/yyyy 06/14/1932		5. AGE Yrs 75		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY OK		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 08/13/2007		8. HOUR (24 Hours) 0300	
13. EDUCATION - Highest Level Degree (see worksheet on back) ASSOCIATE		14. WAS DECEASED HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. BATTALION CHIEF		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CITY OF NAPA FIRE DEPARTMENT		19. YEARS IN OCCUPATION 32	
20. DECEDENT'S RESIDENCE (Street and number or location) 2170 A WILKENS AVENUE					
21. CITY NAPA		22. COUNTY/PROVINCE NAPA		23. ZIP CODE 94559	
24. YEARS IN COUNTY 67		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP SHARON DURHAM, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 2170 A WILKENS AVE., NAPA, CA 94559		
28. NAME OF SURVIVING SPOUSE - FIRST SHARON		29. MIDDLE ANN		30. LAST (Married Name) VAIO	
31. NAME OF FATHER - FIRST BILL		32. MIDDLE MARCUS		33. LAST DURHAM	
34. BIRTH STATE OK		35. NAME OF MOTHER - FIRST RUBY		36. MIDDLE VERNETTA	
37. LAST (Married) HASTINGS		38. BIRTH STATE OK			
39. DISPOSITION DATE mm/dd/yyyy 08/14/2007		40. PLACE OF FINAL DISPOSITION TULOCAY CEMETERY 411 COOMBSVILLE RD; NAPA, CA 94559			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT CLAFFEY AND ROTA FUNERAL HOME		45. LICENSE NUMBER FD 969		46. SIGNATURE OF LOCAL REGISTRAR KAREN SMITH, MD	
47. DATE mm/dd/yyyy 08/14/2007					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERIC <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, ETC. <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY NAPA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2170 A WILKENS AVENUE		106. CITY NAPA	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PROGRESSIVE METASTATIC MELANOMA		Time Interval Between Onset and Death (A) MONS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER C07-486	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) _____ (C) _____ (D) _____				109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy 02/28/2007		115. SIGNATURE AND TITLE OF CERTIFIER LUIS FEHRENBACHER M.D.		116. LICENSE NUMBER A26052	
Decedent Last Seen Alive: mm/dd/yyyy 08/02/2007		117. DATE mm/dd/yyyy 08/14/2007			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LUIS FEHRENBACHER MD 975 SERENO DRIVE, VALLEJO, CA 94590					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

BK- 0907
 PG- 5529
 Page: 5 of 5 09/24/2007
 0709845

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICE AGENCY.

DATE ISSUED **08/15/2007**

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

Karen Smith, MD, MPH
 KAREN SMITH, MD, MPH
 NAPA COUNTY REGISTRAR

* 000094265 *

