

16-

OFFICIAL RECORD

Requested By:

GEORGE BARFF JR

A.P.N. # 1420-07-310-042

ESCROW NO. \_\_\_\_\_

RECORDING REQUESTED BY:

THE UNDERSIGNED

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0907 PG- 6478 RPTT: 0.00



WHEN RECORDED MAIL TO:

✓ George H. Barff, Jr.  
3481 Tourmaline Way  
Carson City, Nv 89705

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
 } ss.  
COUNTY OF Douglas }

George H. Barff, Jr. \_\_\_\_\_ of legal age, being first duly sworn, deposes and says: That Ernestine Afton Barff \_\_\_\_\_ the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ernestine Afton Barff named as one of the parties in that certain Grant Deed dated March 24, 1978 executed by A.D. Easterling and Evelyn L. Easterling, his wife to George H. Barff, Jr. and Ernestine Barff, his wife as joint tenants, recorded as Instrument No. 19553 on April 12, 1978 in Book 478 Page 650 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

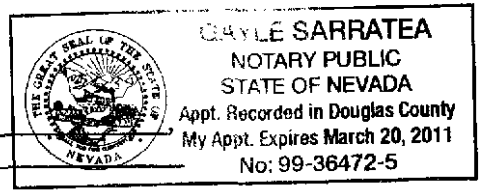
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: September 25, 2007

*George H. Barff, Jr.*  
George H. Barff, Jr.

STATE OF Nevada }  
 } ss.  
COUNTY OF Douglas }

This instrument was acknowledged before me on 9-20-07 by George H. Barff, Jr.



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

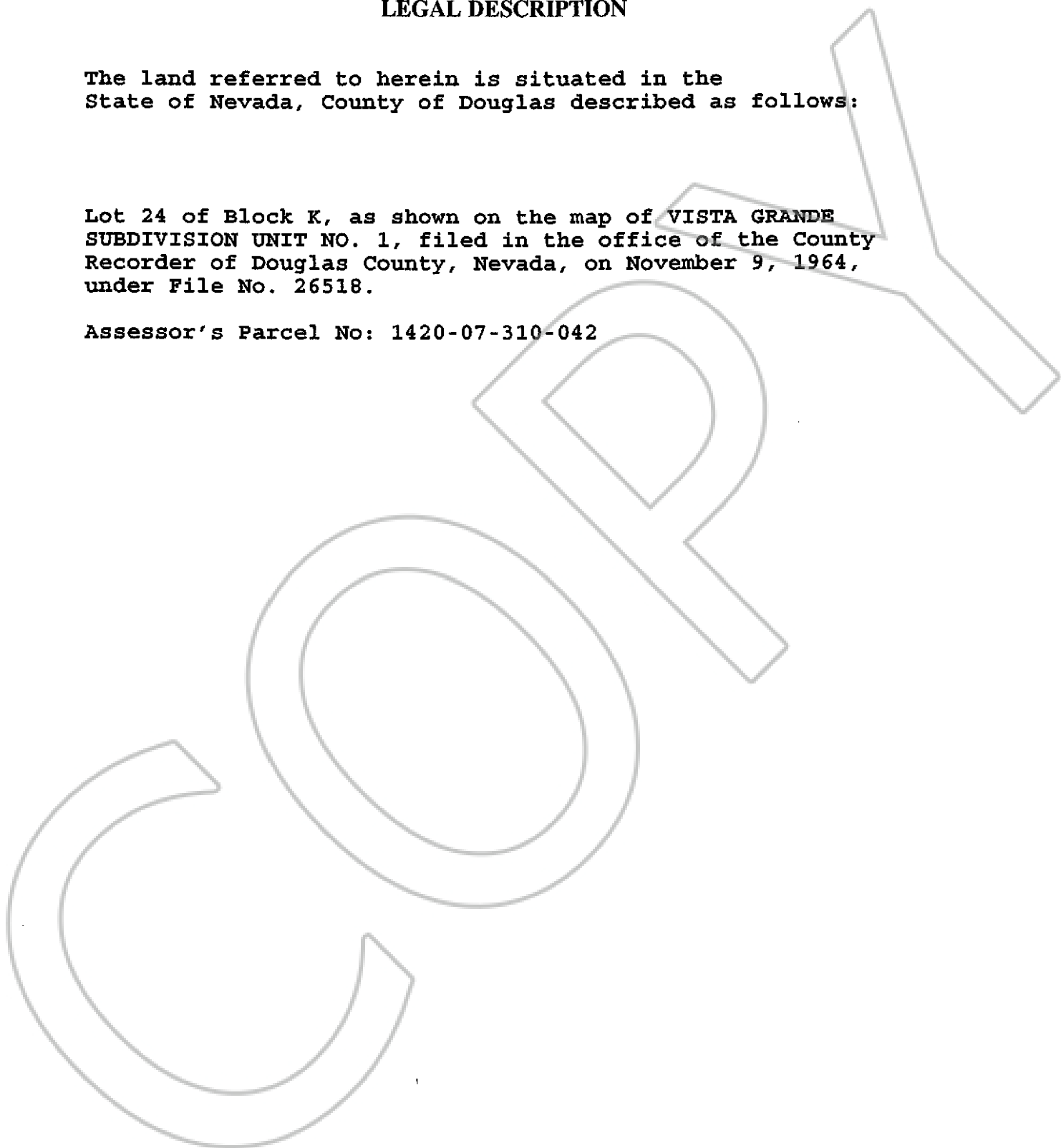
**EXHIBIT "A"**

**LEGAL DESCRIPTION**

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

Lot 24 of Block K, as shown on the map of VISTA GRANDE SUBDIVISION UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on November 9, 1964, under File No. 26518.

Assessor's Parcel No: 1420-07-310-042



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

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

**2007007041**

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 Ernestine			1b. MIDDLE Afton			1c. LAST BARFF			2. DATE OF DEATH (Mo/Day/Year) September 13, 2007			3a. COUNTY OF DEATH Douglas			
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 3481 Toumaline Way				3e. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify)			4. SEX Female				
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 22, 1937			
9a. STATE OF BIRTH (If not U.S.A., name country) Wyoming			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) George BARFF				
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Bookkeeper				14b. KIND OF BUSINESS OR INDUSTRY Logging/excavation							
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 3481 Toumaline Way			15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Wallace MATHEWS						17. MOTHER - NAME (First Middle Last Suffix) Julia Virginia MARIER									
18a. INFORMANT- NAME (Type or Print) George BARFF						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3481 Toumaline Way Carson City, Nevada 89705									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY -NAME Masonic Memorial Gardens				19c. LOCATION City or Town State Reno Nevada 89503							
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701									
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>JORGE HERNAN PEREZ-CARDONA 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) September 14, 2007				21c. HOUR OF DEATH 15:06		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) Jorge Hernan Perez-Cardona M.D. 1000 N. Division Street #104 Carson City, NV. 89703										23b. LICENSE NUMBER 10108					
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 17, 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) <b>Cholangiocarcinoma</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (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) Yes		
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



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BK- 0907  
PG- 6480  
09/26/2007

VRS-Rov

167708 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.

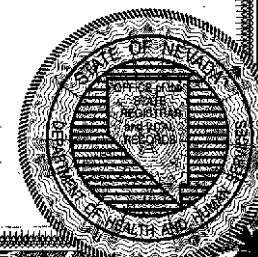
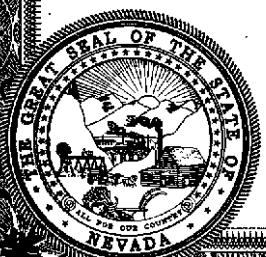
DATE ISSUED:

09/19/2007

PHNCO (Rev) 1/06

STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE