

18-

DOC # 0712086
10/30/2007 01:25 PM Deputy: GB
OFFICIAL RECORD
Requested By:
ELLEN PRICE

APN# : 1420-28-212-007

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 5 Fee: 18.00
BK-1007 PG- 8297 RPTT: 0.00

Recording Requested By:



When Recorded Mail To:

ELLEN PRICE
7111 FULBRIGHT AVENUE
WINNETKA CA 91306

Mail Tax Statements to: (deeds only)

SAME AS ABOVE

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons.

Signature

Ellen E Price
ELLEN E. PRICE

Title

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

ELLEN E PRICE, of legal age, being first duly sworn, deposes and says:

That JAMES DAVID PRICE AKA JAMES D. PRICE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES DAVID PRICE AKA JAMES D. PRICE named as one of the parties in that certain GRANT BARGIN SALE DEED dated 09/11/03 executed by MERRILL CONSTRUCTION to JAMES D. PRICE AND ELLEN E. PRICE as joint tenants, recorded as instrument No. 0589631, on 09/11/03 in Book 0903, Page 05716, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the County of DOUGLAS, State of Nevada:

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

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$0.00.

Dated OCTOBER 30, 2007 _____



ELLEN E. PRICE

Surviving Joint Tenant

STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on 10/30/07

by ELLEN E PRICE

Lori Mae Silva

Notary Public



Lot 182 in Block D, as shown on the Final Map #PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, a Planned Unit Development, filed for record on the office of the County Recorder of Douglas County, State of Nevada, on June 28, 2002, in Book 602, at Page 10142, as Document No. 546028.

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2006004643
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 James			1b. MIDDLE David			1c. LAST PRICE			2. DATE OF DEATH (Mo/Day/Year) December 21, 2006			3a. COUNTY OF DEATH Douglas																							
3b. CITY, TOWN, OR LOCATION OF DEATH Minden						3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 395 and Stephanie Way						3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Male																				
5. RACE - (e.g., White, Black, American Indian) (Specify) American Indian						6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic						7a. AGE - Last birthday (Years) 64			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1942														
9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma						9b. CITIZEN OF WHAT COUNTRY United States						10. EDUCATION Engineer						11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married						12. SURVIVING SPOUSE (if wife, give maiden name) Ellen Elizabeth NIXON											
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer						14b. KIND OF BUSINESS OR INDUSTRY Manufacturing-electronics																							
15a. RESIDENCE - STATE California				15b. COUNTY El Dorado				15c. CITY, TOWN OR LOCATION Placerville				15d. STREET AND NUMBER 1390 Ski Run Blvd				15e. INSIDE CITY LIMITS (Specify Yes or No) NO																			
18. FATHER - NAME (First Middle Last Suffix) Garrett PRICE												17. MOTHER - NAME (First Middle Last Suffix) Sarah WILLIS																							
18a. INFORMANT - NAME (Type or Print) Sarah MCCORMACK												18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7111 Fullbright Ave Winnetka, California 91306																							
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 Chapel of the Valley 1281 N Roop, Carson City NV 89706																			
TRADE CALL - NAME AND ADDRESS																																			
To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BERNADETTE SMITH SIGNATURE AUTHENTICATED												To Be Completed by CORONERS OFFICE 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) BERNADETTE SMITH SIGNATURE AUTHENTICATED																							
21b. DATE SIGNED (Mo/Day/Yr) January 03, 2007												21c. HOUR OF DEATH 14:30																							
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) Deputy Bernadette Smith, P.O. Box 218 Minden NV 89423																		23b. LICENSE NUMBER																	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED												24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 04, 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) Multiple Injuries due to Blunt Force Auto Trauma												Interval between onset and death																							
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death																							
(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.																		26. AUTOPSY (Specify Yes or No) Yes			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

508702

154543

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.

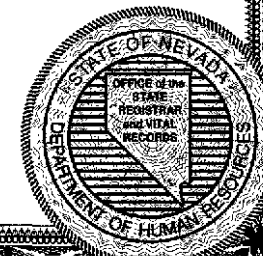
DATE ISSUED: **01/05/2007**

This copy is not valid unless:


SIGNATURE AUTHENTICATED
STATE REGISTRAR



BK- 1007
PG- 8301



QSRB1004-Rev-E2b