


DOC # 713191
 11/16/2007 11:42AM Deputy: GB
OFFICIAL RECORD
 Requested By:
STEWART TITLE - DOUGLAS
 Douglas County - NV
 Werner Christen - Recorder
 Page: 1 of 3 Fee: 16.00
 BK-1107 PG-4200 RPTT: 0.00

A.P.N. #	1220-22-210-147
Escrow No.	1001459CH
Recording Requested By:	
	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Jill M. Sanders	
C/O Sherwood Tile 1402 Rte 300	
Newburgh, N.Y. 12550	



AFFIDAVIT – DEATH OF JOINT TENANT

State of New York }
 } ss.
 County of Orange }

Jill M. Sanders, of legal age, being first duly sworn, deposes and says: That Robert W. Sanders, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert W. Sanders named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 26, 2005 executed by Robert W. Sanders to Robert W. Sanders, as a surviving Joint Tenants and Jill M. Sanders, an Unmarried Woman, as Joint Tenants as joint tenants, recorded as Instrument No. 0645432, on May 27, 2005 in Book 0505, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

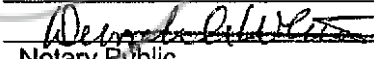
Dated: 11/8/07


 Jill M. Sanders

State of New York }
 } ss.
 County of Orange }

This instrument was acknowledged before me on Nov. 8, 2007

By: Jill M. Sanders

Signature: 
 Notary Public

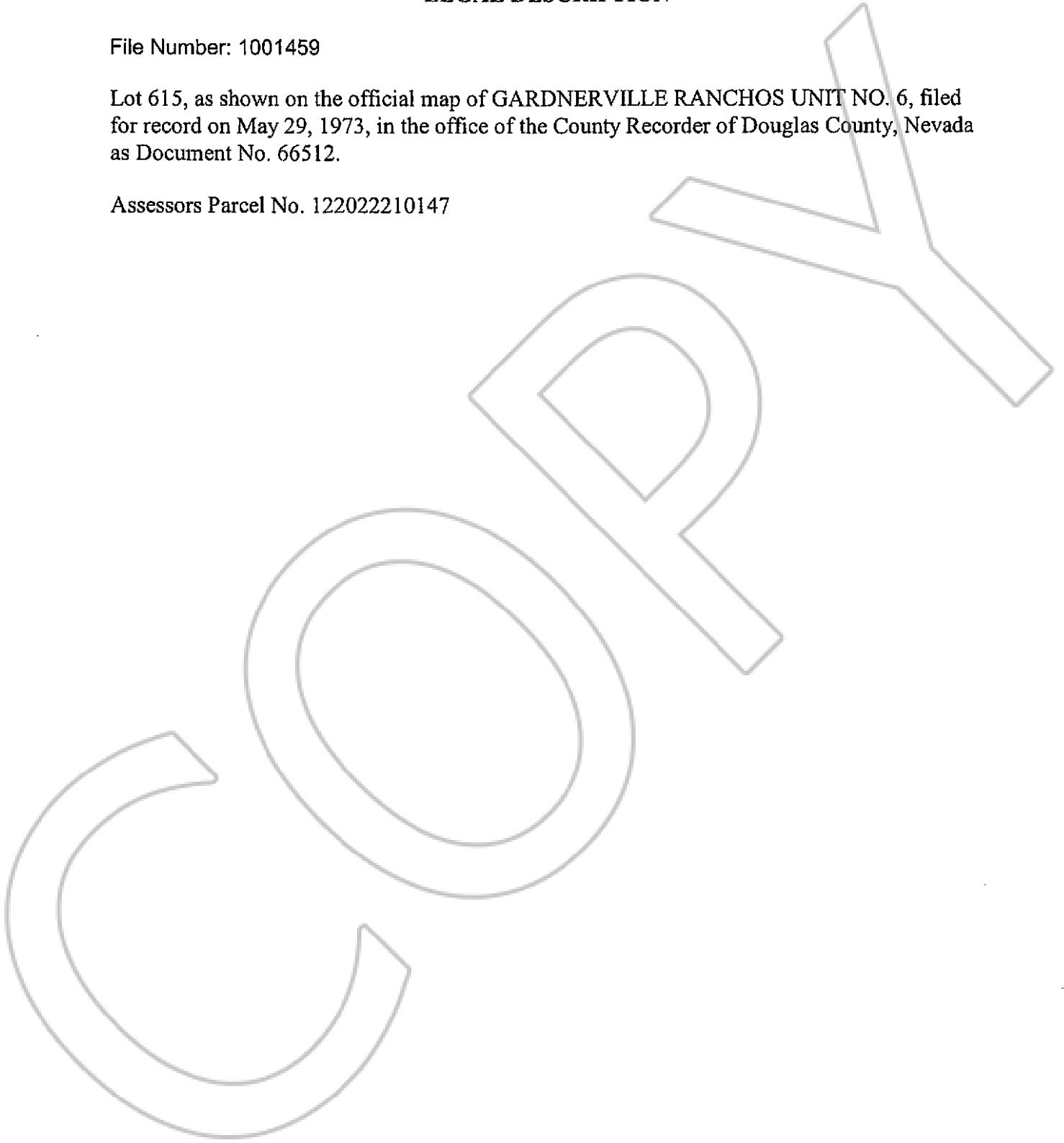
DEBORAH A. WHITE
 No. 01WH4963883
 Notary Public, State of New York
 Qualified in Dutchess County
 My Commission Expires 03/19/2010

**Exhibit A
LEGAL DESCRIPTION**

File Number: 1001459

Lot 615, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512.

Assessors Parcel No. 122022210147



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007007469

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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 Robert			1b. MIDDLE W			1c. LAST SANDERS			2. DATE OF DEATH (Mo/Day/Year) September 20, 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 Male					
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) 66			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 25, 1941				
9a. STATE OF BIRTH (If not U S A., name country) Massachusetts			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			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) Computer Programmer						14b. KIND OF BUSINESS OR INDUSTRY Computer								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1427 Bumblebee Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Clarence SANDERS						17. MOTHER - NAME (First Middle Last Suffix) Mable A PAYNE											
18a. INFORMANT - NAME (Type or Print) Jill SANDERS						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 208 Heather Lane Kingston, New York 12401											
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) JAMES SMOLENSKI 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) GREG HUBBARD 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) GREG HUBBARD SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr) September 25, 2007			21c. HOUR OF DEATH 01:35			22b. DATE SIGNED (Mo/Day/Yr) September 25, 2007			22c. HOUR OF DEATH 01:35								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) September 20, 2007											
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Greg Hubbard P.O. Box 218 Minden, NV 89423										23b. LICENSE NUMBER 262							
24a. REGISTRAR (Signature) CHRISTINE POOL SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 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) Congestive Heart Failure						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) 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

529159



BK-1107
PG-4202

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VRS-5

169071

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

Christine Pool
STATE REGISTRAR

DATE ISSUED: **SEP 27 2007**

STATE REGISTRAR

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

PHS-OR-REG-11-06

