

APN#: 1220-10-710-008

015198-LMS

Recording Requested By:
Western Title Company, Inc.

When Recorded Mail To:

Robin L. Parker
1520 Glenwood Dr.
Charlottesville, NV
894160

Mail Tax Statements to: (deeds only)

(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

Robin L. Parker
Robin L. Parker Surviving Joint Tenant

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

DOC # 714046
11/30/2007 12:50PM Deputy: SD
OFFICIAL RECORD

Requested By:
WESTERN TITLE INC CARSON
Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-1107 PG-7920 RPTT: 0.00



AFFIDAVIT - DEATH OF JOINT TENANT

ROBIN L. PARKER, of legal age, being first duly sworn, deposes and says:

That BARRY J PARKER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BARRY J PARKER named as one of the parties in that certain GRANT, BARGIN AND SALE DEED dated 07/29/1997 executed by MICHAEL D. MC KEIG AND JOAN M. MC KEIG to BARRY J PARKER AND ROBIN L. PARKER HUSBAND AND WIFE as joint tenants, recorded as instrument No. 0420645, on 08/29/1997, in Book0897, Page 5962 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 42 as shown on the map of COUNTRY CLUB ESTATES, filed in the office of the Recorder of Douglas County, Nevada, on July 17, 1967, in Book 51, Page 377 as Document No. 37147.

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 11/20/07



BK-1107
PG-7921

Robin L. Parker
ROBIN L PARKER
Surviving Joint Tenant

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on 11/26/07

by Robin L Parker

Lori Mae Silva
Notary Public

}SS



BK-1107
PG-7922

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, RECORD HANDBOOK REGARDING WRITING OF OBITUARY ITEMS

RELATIVES

POSITION

CERTIFIER

CONDITIONS IF ANY THAT GAVE RISE TO IMMEDIATE CAUSE OF DEATH

USE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Barry James PARKER			2 March 23, 2006		3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Fin. Inpatient (Specify)	SEX
3b. Gardnerville		3c. 1520 Glenwood Drive		3e.	4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5 White	5.	7a. 49	7b. :	7c. :	8 January 29, 1957
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. California	9b. USA	10. 16	11. Married	12. Robin Eastland	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]	14a. Executive Casino Host	14b. Casino			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1520 Glenwood Drive	15e. Yes	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Walter Joseph Parker			17. Beverly Joanne Badger		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Robin Parker			18b. 1520 Glenwood Drive, Gardnerville, Nevada 89460		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 09	20c. 1478 4th Street, Minden, Nevada 89423		
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			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) and manner stated. (Signature and Title)		
DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21b. 3/27/2006			21c. 0807		22b.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d.			22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. Stephen Hewitt, D.O., 1090 3rd St. #1, S. Lake Tahoe, CA 96150					23b. 1107
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. March 28, 2006		24c. 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) Appendiceal cancer				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				6 mos
	(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 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
			26. NO	27. NO	
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			



BK-1107
PG-7923

No. 336081

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109888 CERTIFIED COPY OF VITAL RECORDS

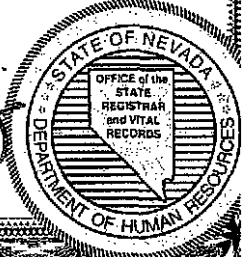
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

[Signature]

DATE ISSUED: MAR 28 2006

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE