

APN# : 1420-33-110-003

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1207 PG- 0718 RPTT: 0.00

Recording Requested By:
Western Title Company, Inc.



ACCOMMODATION ONLY

When Recorded Mail To:

Diane P. Woods
2779 Wildhorse Lane
Minden, NV
89423

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 *Diane P. Woods*
Print name: Diane P. Woods Title: Owner

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY!, WITHOUT LIABILITY ON THE PART OF WESTERN TITLE COMPANY, INC. FOR THE SUFFICIENCY HEREOF OR FOR THE CONDITION OF 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

Diane P. Woods, an unmarried woman, of legal age, being first duly sworn, deposes and says:

That Robert A. Woods, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert A. Woods named as one of the parties in that certain Grant, Bargain and Sale Deed dated 06/07/2001 executed by Neal Sprott and Deborah K. Sprott to Robert A. Woods and Diane P. Woods, husband and wife, as joint tenants, recorded as instrument No. 516641, on 06/18/2001, in Book 0601, Page 4506, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 53, in Block A, as shown on the map of WILDHORSE UNIT NO. 2, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 2, 1990, in Book 790, Page 025, as Document No. 229405.

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 \$ \$20.00.

Dated: December 4, 2007

Diane P. Woods
Surviving Joint Tenant

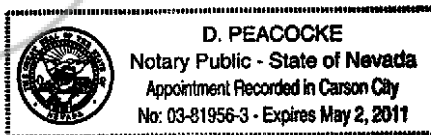
STATE OF NEVADA

} SS

COUNTY OF CARSON CITY

This instrument was acknowledged before me on December 4, 2007, by Diane P. Woods.

D. Peacocke
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2007004251
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 Robert			1b. MIDDLE A			1c. LAST WOODS			2. DATE OF DEATH (Mo/Day/Year) July 11, 2007			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) 2779 Wildhorse Lane				3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)				4. SEX Male		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 65			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 22, 1942	
9a. STATE OF BIRTH (If not U.S.A., name country) New Hampshire			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 20			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Diane MANRIQUEZ		
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) C. E. O.				14b. KIND OF BUSINESS OR INDUSTRY Pharmaceutical Company						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2779 Wildhorse Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes						
16. FATHER - NAME (First, Middle, Last, Suffix) Leon A WOODS						17. MOTHER - NAME (First, Middle, Last, Suffix) Dorothy BRACKETT								
18a. INFORMANT - NAME (Type or Print) Diane WOODS						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2779 Wildhorse Lane Minden, Nevada 89423								
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) GUY TURNBULL FOSTER M.D. 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) July 13, 2007				21c. HOUR OF DEATH 17:21				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) Guy Turnbull Foster M.D. 200 Bath Street, #1 Carson City, NV 89703										23b. LICENSE NUMBER 10196				
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 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) massive Hemoptysis						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death								
(b) Lung Cancer						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.										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

Information Corrected, State Affidavit# 47655, 08/02/2007 - 8

525236



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BK- 1207
PG- 720

160551 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 **AUG 03 2007**

[Signature]
STATE REGISTRAR

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

