

DOC # 714372
12/06/2007 09:02AM Deputy: GB
OFFICIAL RECORD
Requested By:
WESTERN TITLE INC CARSON
Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-1207 PG-1047 RPTT: 0.00



APN# : 1022-15-001-032

Recording Requested By:
Western Title Company, Inc.

ACCOMMODATION ONLY

When Recorded Mail To:
David Gillespie
3955 Walker View Road
Wellington, NV
89444

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 *David Gillespie*
Print name: David Gillespie Title: Owner

This document is being recorded as an accommodation only.

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


David Gillespie, an unmarried man, of legal age, being first duly sworn, deposes and says:

That Marilyn Clark, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marilyn Clark named as one of the parties in that certain Grant, Bargain and Sale Deed dated 12/12/2005, executed by Maryilyn Clark to Marilyn Clark and David Gillespie, wife and husband, as joint tenants, recorded as instrument No. 663597, on 12/16/2005 in Book 1205, Page 7764, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 10, in Block C, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

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



Surviving Joint Tenant

STATE OF NEVADA

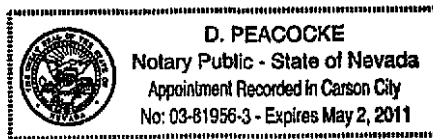
}SS

COUNTY OF CARSON CITY

This instrument was acknowledged before me on December 5, 2007, by David Gillespie.



Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

2006001130

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS


DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First: <u>Marilyn</u> Middle: <u>CLARK</u> Last: <u>CLARK</u>		2. DATE OF DEATH (Month, Day, Year) <u>April 17, 2006</u>		3a. COUNTY OF DEATH <u>Washoe County</u>	
3b. CITY, TOWN OR LOCATION OF DEATH <u>Reno</u>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <u>Washoe Medical Center</u>		3e. SEX <u>Female</u>	
4. RACE (e.g., White, Black, American Indian, etc.) (Specify) <u>White</u>		5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		6. AGE—Last Birthday (Years) 7a. <u>73</u>	
7. UNDER 1 YEAR MOS : DAYS		8. UNDER 1 DAY HOURS : MINS		9. DATE OF BIRTH (Mo., Day, Yr.) <u>December 7, 1932</u>	
10. STATE OF BIRTH (If not U.S.A., name country) <u>New York</u>		11. CITIZEN OF WHAT COUNTRY <u>USA</u>		12. Decedent's Education. Specify highest grade completed. <u>16</u>	
13. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		14. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <u>Bookkeeper</u>		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
16. RESIDENCE—STATE <u>Nevada</u>		17. COUNTY <u>Douglas</u>		18. SURVIVING SPOUSE (If wife, give maiden name) <u>David L. Gillespie</u>	
19. FATHER—NAME First: <u>Joseph</u> Middle: <u>Minikes</u> Last: <u>Minikes</u>		20. MOTHER—MAIDEN NAME First: <u>Augusta</u> Middle: <u>Rosenblum</u> Last: <u>Rosenblum</u>		21. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
22. INFORMANT—NAME (Type or Print) <u>David L. Gillespie</u>		23. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <u>3955 Walker View Rd. Wellington, Nevada 89444</u>		24. INSIDE CITY LIMITS (Specify Yes or No) <u>No</u>	
25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>Cremation</u>		26. CEMETERY OR CREMATORY—NAME <u>Walton's Carson Sierra Crematory</u>		27. LOCATION—City or Town State <u>Carson City Nevada</u>	
28. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <u>[Signature]</u>		29. FUNERAL DIRECTOR LICENSE NUMBER <u>09</u>		30. NAME AND ADDRESS OF FACILITY <u>Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703</u>	
31. 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 and Title) <u>Candace McNulty M.D.</u>		32. To be completed by Coroner's 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) and manner stated. (Signature and Title) <u>[Signature]</u>		33. DATE SIGNED (Mo., Day, Yr.) 21b. <u>4-21-06</u> 21c. HOUR OF DEATH <u>22:40</u>	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Candace McNulty M.D.</u>		35. PRONOUNCED DEAD (Mo., Day, Yr.) <u>ON</u>		36. PRONOUNCED DEAD (Hour) <u>AT</u>	
37. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <u>Candace McNulty M.D. 75 Pringle Way Suite 401, Reno, NV 89502</u>		38. LICENSE NUMBER <u>6897</u>		39. REGISTRAR 24a. (Signature) <u>[Signature]</u> 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>April 26, 2006</u>	
40. 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <u>Cardiac Arrest</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Acute myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF: (c) _____		41. 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		42. 26. Interval between onset and death 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <u>No</u>	
43. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a. _____		44. DATE OF INJURY (Mo., Day, Yr.) 28b. _____		45. HOUR OF INJURY 28c. _____	
46. INJURY AT WORK (Specify Yes or No) 28d. _____		47. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28e. _____		48. DESCRIBE HOW INJURY OCCURRED 28f. _____	
49. LOCATION 28g. _____		50. STREET OR R.F.D. No. 28h. _____		51. CITY OR TOWN 28i. _____	
52. STATE 28j. _____		53. _____		54. _____	

STATE RE  BK-1207 PG-1049 No. 329566
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This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: Mary A. Anderson Date: MAY - 4 2006

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

