

17.

APN#: 1220-09-413-004

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-1207 PG- 3714 RPTT: 0.00

Recording Requested By:  
Sherry Reed



When Recorded Mail To:  
✓ Sherry Reed  
1028 Silver Ranch Dr  
Carsonville NV 89460

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 Sherry Reed

**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**

SHERRY REED, of legal age, being first duly sworn, deposes and says:

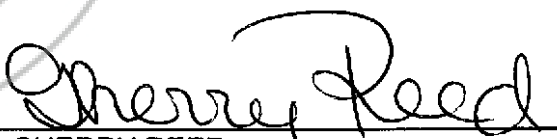
That DAVID SCOTT REED AKA SCOTT REED the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SCOTT REED named as one of the parties in that certain GRANT BARGIN SALE DEED dated JULY 16, 2007 executed by WILLIAM M. MONROY AND LEONA M. MONROY to SCOTT REED AND SHERRY REED as joint tenants, recorded as instrument No. 0707375 on AUGUAST 10, 2007, in Book0807, Page 3491, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the County of DOUGLAS, State of Nevada:

LOT 4 AS SET FORTH ON FINAL MAP OF SILVERRANCH UNIT 2-A FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON SEPTEMBER 2, 1994 BOOK 994 PAGE 342 DOCUMENT NO 345409

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 DECEMBER 17, 2007 \_\_\_\_\_

  
\_\_\_\_\_  
SHERRY REED

Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF DOUGLAS \_\_\_\_\_

This instrument was acknowledged before me on  
12/17/2007 \_\_\_\_\_

by SHERRY REED \_\_\_\_\_



Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2007010002  
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 David			1b. MIDDLE Scott		1c. LAST REED		2. DATE OF DEATH (Mo/Day/Year) November 02, 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) 1028 Silveranch Drive				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.			7a. AGE-Last birthday (Years) 54		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 14, 1953
9a. STATE OF BIRTH (If not U.S.A. name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Sherry PARTELL			
13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner				14b. KIND OF BUSINESS OR INDUSTRY Fine Wine Business				
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1028 Silveranch Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Bud REED						17. MOTHER - NAME (First Middle Last Suffix) Gertrud HELMECKE					
18a. INFORMANT - NAME (Type or Print) Sherry REED				18b. MAILING ADDRESS - (Street or R.F.D. No., City or Town, State, Zip) 1028 Silveranch Drive Gardnerville, Nevada 89460							
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) <b>JAMES SMOLENSKI</b> 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) <b>JESSE MCKONE</b> 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) <b>JESSE MCKONE</b> SIGNATURE AUTHENTICATED						
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) November 16, 2007			22c. HOUR OF DEATH 17:45			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. PRONOUNCED DEAD (Mo/Day/Yr) November 02, 2007			22e. PRONOUNCED DEAD AT (Hour) 17:45			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Jesse Mckone P.O. Box 218 Minden, NV 89423								23b. LICENSE NUMBER 301			
24a. REGISTRAR (Signature) <b>SARAH KOERNER</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 16, 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) Self Inflicted Gunshot Wound to the Head							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) 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) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) November 02, 2007		28c. HOUR OF INJURY 1745		28d. DESCRIBE HOW INJURY OCCURRED Gunshot Wound to the Head					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home			28g. LOCATION - STREET OR R.F.D. No. 1028 Silveranch Drive		CITY OR TOWN Gardnerville		STATE Nevada		

STATE REGISTRAR

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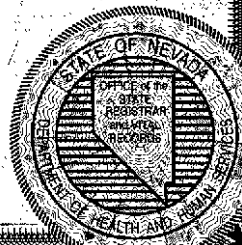
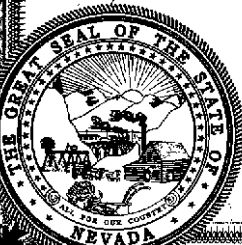
177662 CERTIFIED COPY OF VITAL RECORDS

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: 11/16/2007

**SIGNATURE AUTHENTICATED**

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



PBNC0 (REV) 11/06