

APN 1220-16-115-007

RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0208 PG-2034 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Elton H. Southard
1215 Sorensen Lane
Gardnerville, NV 89410

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT OF DEATH OF JOINT TENANT

I, ELTON H. SOUTHARD, being duly sworn say:

1.) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as EILEEN M. SOUTHARD, who is named with me as one of the parties in the deed dated January 7, 1997, executed by FRANK SCHARO CONSTRUCTION, INC., a Nevada Corporation, and granted to ELTON H. SOUTHARD and EILEEN M. SOUTHARD, husband and wife, as Joint Tenants, recorded as Instrument No. 405348 on 01/24/1997, in Book 0197, Page 3343, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

All that real property in the County of Douglas, State of Nevada being Assessor's Parcel Number 1220-16-115-007 (Old APN: 27-783-06), specifically described as:


Lot 96, Block D, as shown on the Final Map of Pleasantview, Phase 5, Final Subdivision May No. 1009-5, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1995, in Book 1295, at Page 788, as Document No. 376390.

APN: 1220-16-115-007 (Old APN: 27-783-06)

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

2.) As a result of the death of my wife, EILEEN M. SOUTHARD, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: February 6, 2008.



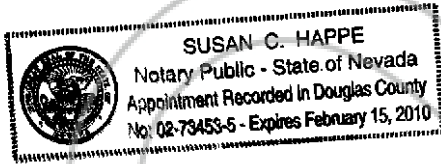
Elton H. Southard

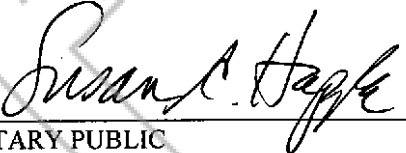
JURAT

State of Nevada)
County of Douglas)

Signed and Sworn to before me on February 6, 2008 by ELTON H. SOUTHARD.

WITNESS my hand and official seal.





NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007008649
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 Eileen			1b. MIDDLE M		1c. LAST SOUTHARD		2. DATE OF DEATH (Mo/Day/Year) October 14, 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) Evergreen Gardnerville Health & Rehab Center			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Female			
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) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 14, 1925	
9a. STATE OF BIRTH (If not U.S.A., name country) Australia		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) Elton SOUTHARD			
13. SOCIAL SECURITY NUMBER [REDACTED]-4168			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker			14b. KIND OF BUSINESS OR INDUSTRY Own Home					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1215 Sorensen Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Leslie MITCHELL						17. MOTHER - NAME (First Middle Last Suffix) Eileen LEAMORE					
18a. INFORMANT - NAME (Type or Print) Elton SOUTHARD				18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 1215 Sorensen Lane Gardnerville, Nevada 89460							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park			19c. LOCATION City or Town State Minden Nevada 89423					
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) LAURENCE GEORGE GAY 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) October 17, 2007			21c. HOUR OF DEATH 13:00			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) Laurence George Gay M.D., PO Box 19936 Reno, NV 895110871									23b. LICENSE NUMBER 5152		
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic colon cancer DUE TO, OR AS A CONSEQUENCE OF: (c)							Interval between onset and death Seconds				
							Interval between onset and death Months				
							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. Alzheimers, HTN, weight loss							26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
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

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BK- 0208
PG- 2036

VRS-Rev

173518 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:

10/19/2007

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

SIGNATURE AUTHENTICATED

