

OFFICIAL RECORD

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SERVICELINK

I hereby affirm that this document submitted for recording does not contain a social security number.

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0308 PG- 0470 RPTT: 0.00

Signature  
Pam Hutton -- Title Officer



APN# 1420-08-211-025

Recording Requested By: Service Link L.P.

Return To:  
Name: Fidelity National Title

Address: 4000 Industrial Blvd.

City/State/Zip: Aliquippa, Pa. 15001

Document Title: Affidavit of Death of Joint Tenants

If legal description is a metes & bounds description furnish the following information:

Legal Description obtained from of document), Book recorded County Recorder office.	Page (date) in the	Document #	(type
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If Surveyor, please provide name and address.

This page added to provide additional information required by NRS 111.312 Sections 1-4.  
(Additional recording fee applies)

This cover page must be typed.

Return to:  
RECORDING REQUESTED BY  
ServiceLink  
4000 Industrial Blvd.  
Aliquippa, PA 15108

~~WHEN RECORDED MAIL TO:~~

Brian Saier  
2615 E Westmoreland Street  
Philadelphia, Pa 19134  
Order No: ~~1135822~~

1566870  
Tax Id: # 1420-08-211-025

**Affidavit of Death of Joint Tenant**

State of ~~CALIFORNIA~~ NEVADA  
County of ~~CL~~

~~CALIFORNIA~~ DOUGLAS  
Beth Nones  
JAMES NONES of legal age, being first duly sworn, deposes and says: That --  
the decedent mentioned in the recorded Certificate of Death, is the  
same person as James Nones named as one of the parties in the certain deed dated -----  
5/30/00 executed by James M. Nones + Beth Nones, as joint tenants,  
recorded in Instrument #. 493521, On 6/6/2000, records of Douglas  
county, covering the following described real property situated in the City of Carson,  
County of Douglas, State of NV.

See Exhibit "A" attached hereto and made a part hereof

Tax ID: 1420-08-211-025

That the value of all real and personal property owned by said decedent at the date of death, including  
the full value of the property above described, did not exceed the sum of \$

Dated 2-23-2008

Beth Nones  
Borrower

SWORN AND SUBSCRIBED TO before me this 23 day of FEBRUARY, 2008.

[Signature]  
Notary Public  
My Commission expires: FEBRUARY 17, 2009

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

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

2007003685  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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 James			1b. MIDDLE M			1c. LAST NUNES			2. DATE OF DEATH (Mo/Day/Year) June 27, 2007			3a. COUNTY OF DEATH Carson City					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Tahoe Regional Medical Center						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient/Specify) Emergency Room / Outpatient			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) 64			7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) February 27, 1943		
9a. STATE OF BIRTH (if not U.S.A., name country) California			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) Beth DUTRA					
13. SOCIAL SECURITY NUMBER [REDACTED] 1274			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Iron Worker						14b. KIND OF BUSINESS OR INDUSTRY Construction								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 1021 Sunburst Drive			16e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Albert NUNES									17. MOTHER - NAME (First Middle Last Suffix) Pearl STAMATES								
18a. INFORMANT - NAME (Type or Print) Beth NUNES						18b. MAILING ADDRESS: (Street or R.F.D. No, City or Town, State, Zip) 1021 Sunburst Drive Carson City, Nevada 89705											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. GEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89706											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL			20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703											
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) ANDREA WEED D.O.						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) June 28, 2007			21c. HOUR OF DEATH 06:52			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): ANDREA WEED D.O. 1007 N. Curry Carson City, NV 89703									23b. LICENSE NUMBER DO 0675								
24a. REGISTRAR (Signature) SARAH KOERNER			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 29, 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) Cardiopulmonary Arrest Interval between onset and death Minutes																	
(b) DUE TO, OR AS A CONSEQUENCE OF, Diabetes Mellitus Interval between onset and death Years																	
(c) DUE TO, OR AS A CONSEQUENCE OF, Coronary Artery Disease Interval between onset and death Years																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Tobacco Disease, Hypertension, Renal Insufficiency																	
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

52498

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BK- 0308  
PG- 472  
03/03/2008

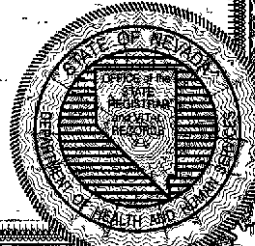
153968 CERTIFIED COPY OF VITAL RECORDS

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: 06/29/2007

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

SIGNATURE AUTHENTICATED  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE