



RECORDING REQUESTED BY  
Lenders First Choice  
AND WHEN RECORDED MAIL TO

Name: KENNETH DALE PINNON  
Street Address: 986 BOLLEN CIRCLE  
City, State, Zip: GARDNERVILLE, NV 89460  
Order No. 61-00853947

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

610085394L

STATE OF NEVADA  
COUNTY OF DOUGLAS S.S.

KENNETH DALE PINNON, of legal age, being first duly sworn, deposes and says:  
That PAULA K. PINNON, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as PAULA KAY PINNON  
named as one of the parties in that certain DEED dated DECEMBER 2<sup>ND</sup>, 1976  
executed by RAYMOND R. LeBLANC AND BARBARA LeBLANC, HUSBAND AND WIFE  
to KENNETH DALE PINNON AND PAULA KAY PINNON, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT  
OF SURVIVORSHIP

recorded as Instrument No. 65037 on DECEMBER 3<sup>RD</sup>, 1976, in  
Book 1276, Page 283, of Official Records of DOUGLAS  
County, NEVADA, covering the following described property situated in the CITY OF GARDNERVILLE  
County of DOUGLAS, State of NEVADA:

LOT 3, AS SHOWN ON THE OFFICIAL MAP OF SHERIDAN ACRES UNIT NO. 1, FILED IN THE OFFICE OF THE  
COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 8, 1966.

APN 1219-15-001-078

Dated: February 6<sup>th</sup>, 2008

State of NEVADA  
County of DOUGLAS  
SUBSCRIBED AND SWORN TO (or affirmed) before me on this  
14 day of February, 2008, by  
KENNETH DALE PINNON

*Kenneth Dale Pinnon*  
S.S. KENNETH DALE PINNON

Personally known to me or proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared before me

WITNESS my hand and official seal.

Signature: *Shirley M. Love*



775-313-3688

**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

**2006003549**  
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 Paula			1b. MIDDLE K			1c. LAST PINNON			2. DATE OF DEATH (Mo/Day/Year) November 07, 2006			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) 986 Bollen Circle			3d. Hosp. or Inst. Indicate DOA, OP, Emer. Km. Inpatient (Specify)			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) 58			7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) February 22, 1948		
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) Kenneth D PINNON					
13. SOCIAL SECURITY NUMBER [REDACTED]-7838			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dealer			14b. KIND OF BUSINESS OR INDUSTRY Casino											
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 986 Bollen Circle			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Calvin HAFHEY						17. MOTHER - NAME (First Middle Last Suffix) Kathleen G BAUSKE											
18a. INFORMANT- NAME (Type or Print) Kenneth D PINNON						18b. MAILING ADDRESS (Street or R.F.D. No./City or Town, State, Zip) 986 Bollen Circle Gardnerville, Nevada 89460											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89701											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE			20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street, Minden NV 89423											
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>STEPHEN HEWITT DO</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)					
21b. DATE SIGNED (Mo/Day/Yr) November 08, 2006			21c. HOUR OF DEATH 02:15			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) Dr. Stephen Hewitt DO 155 Hwy 50 Stateline, NV 89449									23b. LICENSE NUMBER NV 1107								
24a. REGISTRAR (Signature) CHRISTINE POOL SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2006			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE PART I (a) Anal Cancer DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 28 Months			Interval between onset and death			Interval between onset and death								
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death			Interval between onset and death			Interval between onset and death								
(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death			Interval between onset and death			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.									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								
28a. 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# 46392, 11/20/2006 - 25a



BK-308  
PG-734

OSRev-52

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**145317**

**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: NOV 20 2006**

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

**SIGNATURE AUTHENTICATED**  
STATE REGISTRAR

