

APN#: 1022-10-002-084

DOC # 720375
03/27/2008 12:04PM Deputy: GB
OFFICIAL RECORD
Requested By:
WESTERN TITLE INC CARSON
Douglas County - NV
werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-308 PG-6393 RPTT: 0.00

Recording Requested By:
Western Title Company, Inc.

DI7V52-VMS
When Recorded Mail To:
Robert Carnett
610 Sonoma Street
Carson City, NV
89701



Mail Tax Statements to: (deeds only)
N/A

(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

Robert H. Carnett

Robert Carnett

Surviving Joint Tenant

Affidavit Death of Joint Tenant

(Beneficiary)

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Robert Carnett, of legal age, being first duly sworn, deposes and says:

That Ruthann Carnett, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruthann Carnett named as one of the parties in that certain Deed of Trust, recorded August 30, 1996 in Book 0896, Page 5747 as Document No. 395560 and by Assignment of Deed of Trust recorded August 30, 1996 in Book 0896, Page 5751 as Document No. 395561, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 176, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 20, 1967, Document No. 35464.

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 \$.

Dated 3-26-08



BK-308
PG-6394

Robert H. Carnett

Robert Carnett
Surviving Joint Tenant

STATE OF NEVADA

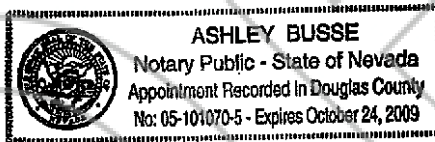
}SS

COUNTY OF Carson City

This instrument was acknowledged before me on
March 26, 2008

by Robert Carnett

Ashley Busse
Notary Public



BK-308
PG-6395

CERTIFICATION OF VITAL RECORD

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

2006004194
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 Ruthann			1b. MIDDLE CARNETT			1c. LAST CARNETT			2. DATE OF DEATH (Mo/Day/Yr) December 05, 2006			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) 601 Sonoma				3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX Female			
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) 77			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1929	
9a. STATE OF BIRTH (If not U.S.A., name country) Michigan			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) Robert CARNETT		
13. SOCIAL SECURITY NUMBER ████████-6887				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Bookkeeper				14b. KIND OF BUSINESS OR INDUSTRY Insurance						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 601 Sonoma			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Walter SCHEPANSKY						17. MOTHER - NAME (First Middle Last Suffix) Janet PATON								
18a. INFORMANT- NAME (Type or Print) Robert CARNETT						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 610 Sonoma Carson City, Nevada 89701								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens				19c. LOCATION City or Town State Reno Nevada 89501						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)				20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701								
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): SIGNATURE AUTHENTICATED JEFFREY WOODROW SANDERS M.D.						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) December 08, 2006			21c. HOUR OF DEATH 07:39			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) Jeffrey Woodrow Sanders M.D. 1001 N Mountain St #1e Carson City, NV 89703									23b. LICENSE NUMBER 9437					
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 08, 2006			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) Metastatic Non-Small Cell Carcinoma of the Lung														
DUE TO, OR AS A CONSEQUENCE OF:														
(b) Tobacco Use														
DUE TO, OR AS A CONSEQUENCE OF:														
(c) Chronic Obstructive Pulmonary Disease; Renal Insufficiency														
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.														
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			26. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED					
26e. INJURY AT WORK (Specify Yes or No)			26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE								

STATE REGISTRAR



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OSR-5487

147844

CERTIFIED COPY OF VITAL RECORDS

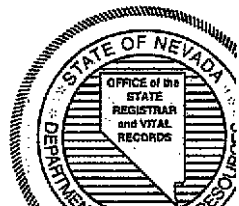
This is a true and correct copy of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 08 2006

STATE REGISTRAR

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



[Signature]
SIGNATURE AUTHENTICATED