



DOC # 720893  
 04/04/2008 03:42PM Deputy: EM  
**OFFICIAL RECORD**  
 Requested By:  
 STEWART TITLE - DOUGLAS  
 Douglas County - NV  
 Werner Christen - Recorder  
 Page: 1 of 3 Fee: 16.00  
 BK-408 PG-1314 RPTT: 0.00



A.P.N. #	1318-03-212-088
Escrow No.	1006281-DR/KE
<b>Recording Requested By:</b>	
 	
Mail Tax Statements To:	Same as below
<b>When Recorded Mail To:</b>	
Patrick A. Atherton	
P.O. Box 4918	
Stateline, NV 89449	


**AFFIDAVIT – DEATH OF JOINT TENANT**

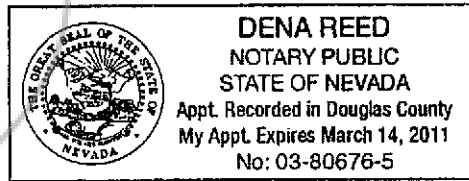
State of Nevada }  
 } ss.  
 County of Douglas }

Patrick A. Atherton, of legal age, being first duly sworn, deposes and says: That Maxine E. Atherton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Maxine E. Atherton named as one of the parties in that certain Grant Deed dated March 30, 1977 executed by D.M.C. INC., A NEVADA CORPORATION to Patrick A. Atherton & Maxine E. Atherton as joint tenants, recorded as Document No. 08093, on March 31, 1977 in Book 377, Page No. 1745 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

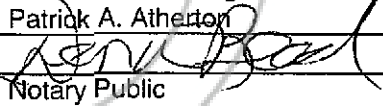
Dated: March 31, 2008

  
 Patrick A. Atherton



State of NV }  
 } ss.  
 County of Douglas }

This instrument was acknowledged before me on 3-31 2008

By: Patrick A. Atherton  
 Signature:   
 Notary Public

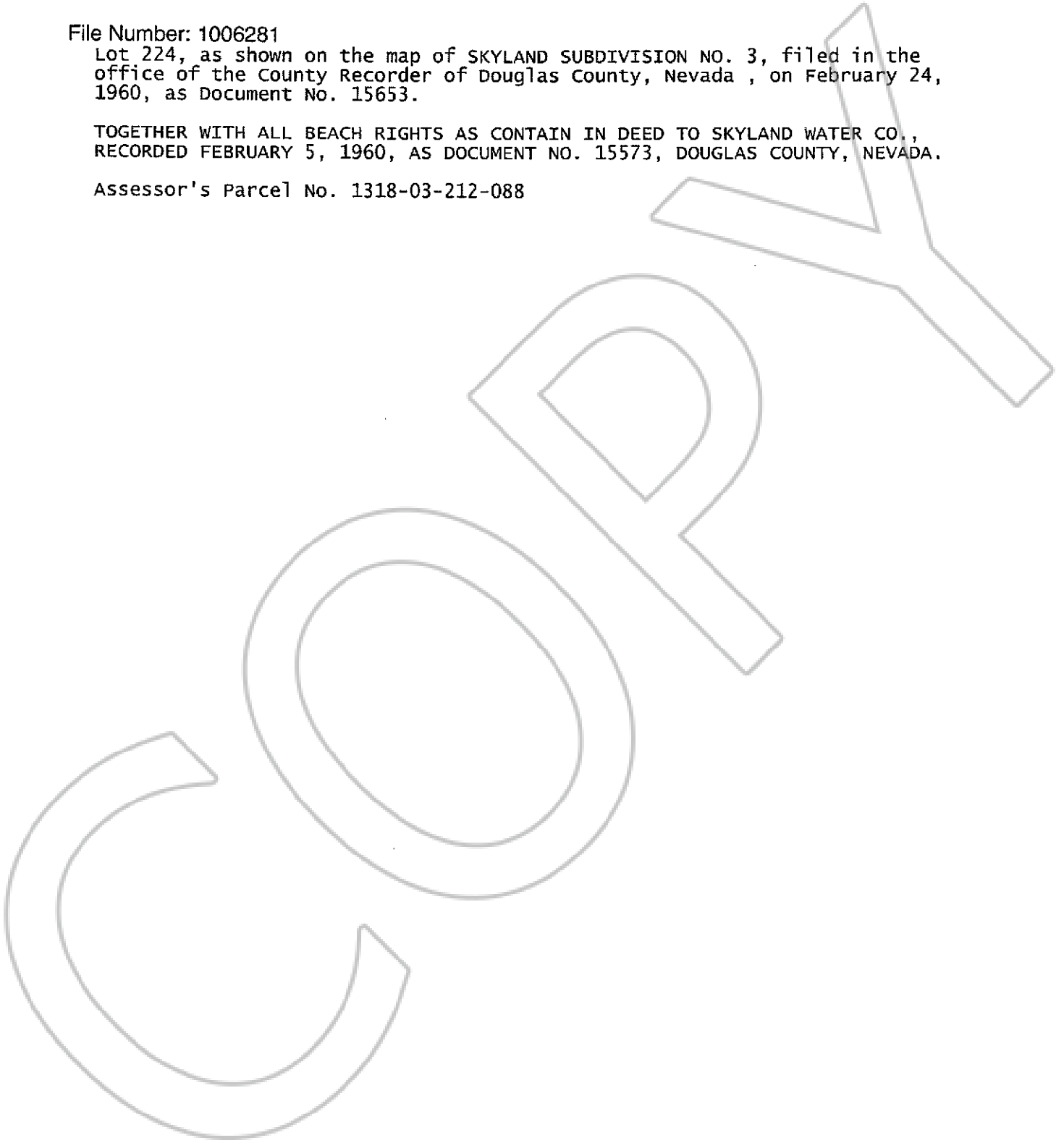
**Exhibit A  
LEGAL DESCRIPTION**

File Number: 1006281

Lot 224, as shown on the map of SKYLAND SUBDIVISION NO. 3, filed in the office of the County Recorder of Douglas County, Nevada , on February 24, 1960, as Document No. 15653.

TOGETHER WITH ALL BEACH RIGHTS AS CONTAIN IN DEED TO SKYLAND WATER CO., RECORDED FEBRUARY 5, 1960, AS DOCUMENT NO. 15573, DOUGLAS COUNTY, NEVADA.

Assessor's Parcel No. 1318-03-212-088



(One Inch Margin on all sides of Document for Recorder's use Only)

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**CERTIFICATION OF VITAL RECORD**

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

2008002572  
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,MIDDLE,LAST,SUFFIX) <b>Maxine Eileen AHERTON</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>February 22, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Zephyr Cove</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>137 Willow Drive</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>67</b>	
7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 18, 1940</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16+</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Patrick AHERTON</b>			
13. SOCIAL SECURITY NUMBER <b>██████████ 4984</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Educator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Douglas County School District</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>137 Willow Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Max KANE</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Nadene MONESE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Patrick AHERTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>137 Willow Drive Zephyr Cove, Nevada 89448</b>			
19a. BURIAL, CRÉMATION, REMOVAL, OTHER (Specify) <b>Removal from State</b>		19b. CEMETERY OR CREMATORY - NAME <b>Turlock Memorial Park</b>		19c. LOCATION City or Town State <b>Turlock California 95380</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City, NV 89701</b>	
20d. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS. <b>Turlock Memorial Park &amp; Funeral Home 575 N. Soderquist Road Turlock CA 95380</b>					
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>MARISSA MUSCAT MD</b>			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) <b>February 22, 2008</b>		21c. HOUR OF DEATH <b>05:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>MARISSA MUSCAT MD 1090 3rd Street South Lake Tahoe, CA 96150</b>			
23b. LICENSE NUMBER <b>CA</b>					
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 22, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) <b>Cerebral Vascular Accident</b>		<b>1 Week</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		Interval between onset and death			
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			

STATE REGISTRAR

540685



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PG-1316

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VRS-Rev-2008K

194898 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: **FEB 25 2008**

*R. J. White*  
STATE REGISTRAR

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

PHSCO (Rev.) 11/06

