

18.

Assessor's Parcel Number: 1420-28-411-009
~~0000 21 084 160~~

Recording Requested By:
Name: Claudia Fairbanks
Address: 2827 Wildhorse Lane
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:
Name: Claudia Fairbanks
✓ Address: 2827 Wildhorse Lane
City/State/Zip: Minden, NV 89423

Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

XX 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: NRS 111.365 (state specific law)

Claudia Fairbanks grantee
Signature (Print name under signature) Title

Affidavit of Death of Joint Tenant

(Title of Document)

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

Legal description obtained from: _____ (Document Title), Book: _____ Page: _____
Document # _____ recorded _____ (Date) in the Douglas County Recorders Office.

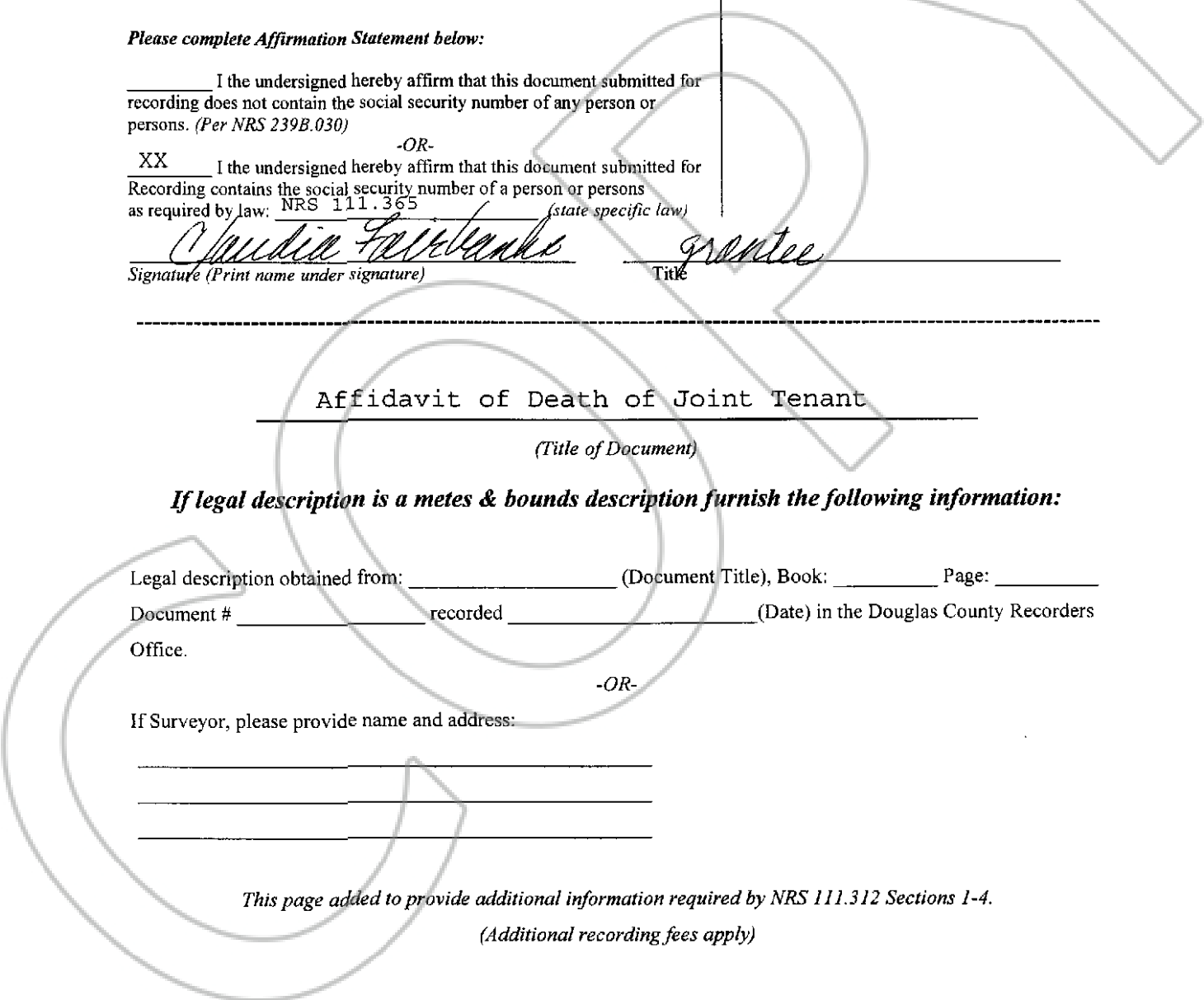
-OR-

If Surveyor, please provide name and address:

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

DOC # **0721788**
04/18/2008 02:40 PM Deputy: GB
OFFICIAL RECORD
Requested By:
CLAUDIA FAIRBANKS

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0408 PG- 4933 RPTT: 0.00



STATE OF NEVADA)

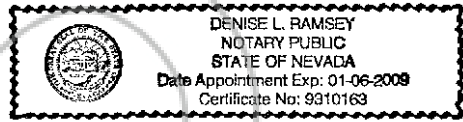
: ss.

CARSON CITY)

ON THIS 18th, day of April, 2008, before me, the undersigned, a Notary Public in and for the said County and State, personally appeared CLAUDIA FAIRBANKS, known to me to be the person described in and who executed the foregoing instrument, and she acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year hereinabove written.

Denise Ramsey
NOTARY PUBLIC



WHEN RECORDED MAIL TO:
VOYLE M. FAIRBANKS
P.O. BOX 551
MINDEN, NV 89423

Order No.
Escrow No. F71780CA
R.P.T.T. #5
Based on full value
Based on full value
less liens

INDIVIDUAL GRANT DEED

THIS INDENTURE WITNESSETH:
That for a valuable consideration, receipt of which is hereby acknowledged
CLAUDIA FAIRBANKS FORMERLY CLAUDIA NERDIN, A MARRIED WOMAN

(GRANTOR),
does hereby grant, bargain, sell, and convey to VOYLE M. FAIRBANKS AND
CLAUDIA FAIRBANKS, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

(GRANTEE),
all that real property in the County of DOUGLAS, State of Nevada,
being Assessor's Parcel Number 21-084-16, specifically described as:
Lot 41, as shown on the Official map of COCHRAN ESTATES UNIT NO. 2, filed
in the office of the County Recorder of Douglas County, Nevada, on May 14,
1973, in Book 573, Page 577, as Document No. 66230.

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY WITHOUT LIABILITY
ON THE PART OF WESTERN TITLE COMPANY, INC. FOR THE SUFFICIENCY HEREOF OR
THE CONDITION OF TITLE.

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,

Dated January 5, 1996

STATE OF NEVADA)
County of DOUGLAS)SS.

Claudia Fairbanks

CLAUDIA FAIRBANKS

This instrument was acknowledged
before me on January 8, 1996
by CLAUDIA FAIRBANKS



C. Aceves

Notary Public

MAIL TAX STATEMENT TO:
SAME AS ABOVE

FOR RECORDER'S USE

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 JAN 12 AM 1:42

LINDA SLATER
RECORDER

PAID BY DEPUTY

fd33

378865
BK 019



BK- 0408
PG- 4936

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008005338
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) Voyte McGilvira FAIRBANKS		2. DATE OF DEATH (Mo/Day/Year) March 31, 2008		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) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 11, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Claudia C SCHOFIELD	
13. SOCIAL SECURITY NUMBER ████████-██-6158		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dispatcher		14b. KIND OF BUSINESS OR INDUSTRY Railroad	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2827 Wildhorse Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in-US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) George FAIRBANKS			17. MOTHER - NAME (First Middle Last Suffix) Lulu WHIPPLE		
18a. INFORMANT- NAME (Type or Print) Claudia C FAIRBANKS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2827 Wildhorse Lane Minden, Nevada 89423			
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 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N.Roop Carson City, NV 89706	
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) GUY TURNBULL FOSTER 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) April 03, 2008		21c. HOUR OF DEATH 07:38		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) Guy Turnbull Foster M.D. 200 Bath Street, #1 Carson City, NV 89703			
23b. LICENSE NUMBER 10196		24a. REGISTRAR (Signature) SUSIE DEVERE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 04 2008		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) Respiratory Failure Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Lung Cancer Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Tobacco Usage Interval between onset and death					
(d) Interval between onset and death					
PART II					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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

543234

BK- 0408
PG- 4937
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VRS-Rev-2008T

205802

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:

APR 08 2008

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

28NCO (Rev) 11/06

Rd Whay
Rd Whay
SIGNATURE AUTHENTICATED

