

OFFICIAL RECORD

Requested By:
DALE WILLS

APN: 1420-34-201-014

MAIL RECORDED DOCUMENT TO:

CARE Law Program
PO Box 628
Carson City, NV 89702

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0508 PG- 0402 RPT: 0.00

MAIL TAX STATEMENT TO:

DONALD E WILLS
2723 Kayne
MINDEN NV 89423



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

DONALD E. WILLS hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is one of the grantees named in the Grant Deed, dated October, 16, 1979, recorded as Document No. 37802, Book 1079, Page 1370, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 2723 Kayne, City of Minden, County of Douglas, State of Nevada, and more particularly described as:

A portion of the Northwest ¼ of Section 34, T14N, R20E, M. D. B. &M., described as follows:

Parcel No. 2, as shown on that Parcel Map for Lester Maple, recorded May 12, 1977, in Book 577 of Official Records at Page 598, as Document No. 09129, Douglas County, Nevada.

2. ALICE M. WILLS, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 2nd day of December, 2006, in the City of Minden, County of Douglas, State of Nevada.

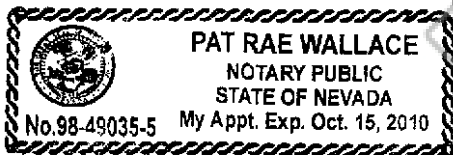
3. ALICE M. WILLS and Affiant purchased the above described property as joint tenants with right of survivorship.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

Dated this 13 day of November, 2007.

Donald E Wills
DONALD E. WILLS

Subscribed and Sworn to before me
this 13 day of November, 2007, by DONALD E. WILLS .



Pat Rae Wallace
Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2006004101
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 Alice			1b. MIDDLE May		1c. LAST WILLS		2. DATE OF DEATH (Mo/Day/Year) December 02, 2006		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2723 Kayne Ave				3e. 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? No If yes, specify Mexican, Cuban, Puerto Rican, etc. / Non-hispanic			7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	7d. UNDER 1 DAY MINS	8. DATE OF BIRTH (Mo/Day/Yr) December 23, 1936	
9a. STATE OF BIRTH (if not U.S.A., name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donald E WILLS				
13. SOCIAL SECURITY NUMBER 3964			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker				14b. KIND OF BUSINESS OR INDUSTRY Own Home				
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2723 Kayne Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) NO			
16. FATHER - NAME (First Middle Last Suffix) Marion LANTZ						17. MOTHER - NAME (First Middle Last Suffix) Dorothy LANTZ					
18a. INFORMANT - NAME (Type or Print) Donald E WILLS				18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2723 Kayne Ave, 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 89701					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1814 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) DAVID BAKER MD 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) December 04, 2006			21c. HOUR OF DEATH 07:35			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) DAVID BAKER MD, 704 W. Nye Lane Suite 102 Carson City, NV 89703									23b. LICENSE NUMBER 11681		
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 05, 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) Non-Ischemic Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (b) Mitral Regurgitation DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.							Interval between onset and death >5 Years Interval between onset and death >5 Years Interval between onset and death				
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					
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



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BK- 0508
PG- 404

OSRev:4/08

146118

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:

DEC 05 2006

SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

