

16-

APN:1022-32-110-036

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0508 PG- 2521 RPTT: 0.00

When recorded, mail to:
George M. Keele
✓ 1692 County Road, #A
Minden, NV 89423



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, JAMES R. MARSHALL, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.


2. I am JAMES R. MARSHALL, the same person named as JAMES R. MARSHALL, one of the grantees named in that certain Individual Grant Deed recorded on May 2, 1996, as Document No.386846 in Book 596, Page 372, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 2043 Comstock Drive, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

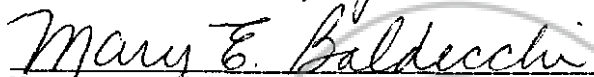
Lots 13 and 14, as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the

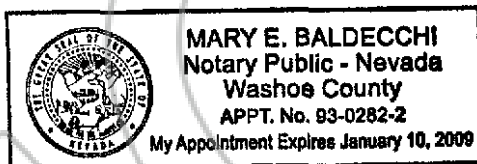
County Recorder of Douglas County, State of Nevada, on August 10, 1954, in Book 1 of Maps, as File No. 9774.

3. BETTY LOU MARSHALL, also one of the grantees named in said deed, is the identical BETTY LOU MARSHALL named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on February 13, 2008, in Douglas County, Nevada.


JAMES R. MARSHALL

SIGNED AND SWORN TO (or affirmed)
before me on May 12, 2008,
by JAMES R. MARSHALL.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008001987
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) Betty Lou MARSHALL		2. DATE OF DEATH (Mo/Day/Year) February 13, 2008		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) 2043 Comstock Dr.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 70	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 08, 1937	
9a. STATE OF BIRTH (If not U.S.A. name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 17	
11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) James R MARSHALL			
13. SOCIAL SECURITY NUMBER 4888		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 Gardnerville	
15d. STREET AND NUMBER 2043 Comstock Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) A Gordon NELSON			17. MOTHER - NAME (First Middle Last Suffix) Martha WHIPPLE		
18a. INFORMANT- NAME (Type or Print) James R MARSHALL		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2043 Comstock Dr. Gardnerville, Nevada 89410			
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 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
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) SUE LINDA ONKEN SANCHEZ 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) February 14, 2008		21c. HOUR OF DEATH 03:50		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): Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410			
23b. LICENSE NUMBER 9360		24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 14, 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) Sepsis Interval between onset and death					
(b) Right Ankle Osteomyelitis Interval between onset and death					
(c) 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

540052

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VRB-Rev-2008K

193164

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:

STATE REGISTRAR

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

PRNCO (REV) 11/06

