

DOC # 723368
05/14/2008 03:46PM Deputy: EM
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-508 PG-3893 RPTT: 0.00

APN: 1220-16-117-003
ORDER NO.: DO-2080018-WD/1080338



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit - Death of a Joint Tenant

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: Bonnie Graybill

Print Name/Title: Bonnie Graybill, Title Officer

WHEN RECORDED MAIL TO:

Alene Dedmon
1288 Topaz Lane
Gardnerville, NV 89460

A.P.N. 1220-16-117-003
Escrow No.: DO-2080018-WD
1080338

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Alene Dedmon
1288 Topaz Lane
Gardnerville, NV 89460

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Alene E. Dedmon, of legal age, being duly sworn, deposes and says

That **Armon Jacques Dedmon**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Armon J. Dedmon** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **July 20, 1999**, executed by **Bing Construction of Nevada, Inc.**, a Nevada Corporation as to an undivided 1/2 interest; **Merril Construction Inc.**, as to an undivided 1/2 interest DBA **M and B Development** to **Armon J. Dedmon and Alene E. Dedmon**, husband and wife as joint tenants as joint tenants, recorded as Instrument No. **481404**, on **November 23, 1999**, in **Book 1199**, Page **4331**, of Official Records of **Douglas County, Nevada**, covering the following described property situated in the County of **Douglas**, State of Nevada.

Lot 9, in Block A, as shown on the **Final Subdivision Map #1003** for **ASHLEY PARK** filed in the office of the County Recorder of **Douglas County, State of Nevada** on **June 2, 1995**, in **Book 695**, at **Page 388**, as Document No. **363385**.



BK-508
PG-3894

Dated: May 2, 2008

Alene E. Dedmon
Alene E. Dedmon

Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

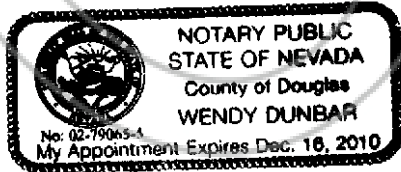
STATE OF NEVADA)
COUNTY OF Douglas) SS.

On 5/9/08 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Alene E. Dedmon

known to me to be the person whose name subscribed to the within instrument and acknowledge that she executed the same.

Signature [Handwritten Signature]
Notary

Public



EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3 2000 09 000788

STATE FILE NUMBER		USE BLACK INK ONLY: NO ERASURES, WHITESOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (FAMILY)			
ARMON		JACQUES		DEMON			
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS		6. SEX		7. DATE OF DEATH MM/DD/CCYY	
07/24/1930		70		M		10/23/2000	
8. STATE OF BIRTH		9. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
OK		-8094		X YES		MARRIED	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		19. YEARS IN OCCUPATION	
WHITE		NO		PLEASANT VALLEY SCHOOL DIST.		30	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
TEACHER		EDUCATION					
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
1288 TOPAZ LN.							
21. CITY		22. COUNTY		23. ZIP CODE		24. DIST. IN COUNTY	
GARDNERVILLE		DOUGLAS		89410		7	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE, POSTOFFICE BOX OR PO BOX, STATE, ZIP)			
NEVADA		ALENE E. DEMON - WIFE		1288 TOPAZ LN., GARDNERVILLE, NV 89410			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (FAMILY NAME)			
ALENE		ELIZABETH		HAYES			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
A.		J.		DEMON		OK	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MARRIED)		38. BIRTH STATE	
SARAH				HARRIS		OK	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION					
10/27/2000		ALENE E. DEMON, 1288 TOPAZ LN., GARDNERVILLE, NV					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER				43. LICENSE NO.	
TR/CR/RES		NOT EMBALMED					
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY	
MEFARLANE MORTUARY		FD-1180		<i>Stephen G. Drogin</i>		10/26/2000	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
BARTON MEMORIAL HOSPITAL		H		CORV. HOSP. RES. CARE Other		EL DORADO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
4TH AND SOUTH AVE.		GO LAKE TAHOE					
108. IMMEDIATE CAUSE		109. DEATH REPORTED TO CORONER		110. DEATH REPORTED TO CORONER			
(A) RESPIRATORY FAILURE		2 Days		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DUE TO (B) PNEUMONIA		5 Days		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DUE TO (C)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DUE TO (D)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
RECENT GASTROINTESTINAL BLEED; CEREBROVASCULAR ACCIDENT; CORONARY ARTERY DISEASE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEASED LAST BEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE MM/DD/CCYY	
10/23/2000		<i>Stephen L. Perry</i>		G067988		10/26/2000	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MARRIED AT WORK		120. HURRY DATE MM/DD/CCYY		121. HOUR	
STEPHEN L. PERRY, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150		NO					
122. MANNER OF DEATH		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE							
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	
				7034			

BK-508
PG-3896
723368 Page: 4 of 4 05/14/2008

54196

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 11/06/2000

Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

