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DOC # 0723958  
05/27/2008 01:02 PM Deputy: EI

OFFICIAL RECORD  
Requested By:  
JENKINS LAW OFFICE

002  
Assessor's Parcel Number: 1420-07-311-02  
Recording Requested by:  
Jenkins Law Office, PC  
423 W. Plumb Lane  
Reno, NV 89509

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0508 PG- 6575 RPTT: 0.00

Mail Tax Statements to:  
Ella Davis, Trustee  
✓ 711 Cottonwood Drive  
Carson City, NV 89701



**Affirmation Statement**

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-

X 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 440.380

Attende  
Signature (Print name under signature)

Attorney for Ella Davis, Trustee of the Ella Davis Revocable Trust  
Title

AFFIDAVIT OF DEATH OF JOINT TENANT  
(title of document)

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

Legal description obtained from: Deed of Trust with Assignment of Rents (Document title), Book: 1103 Page: 02686  
Document #: 0596058 recorded November 6, 2003 (Date) in the Douglas County Recorder's Office.

-OR-

If Surveyor, please provide name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This page added to provide additional information required by NRS 111.312 § 1-4.*

APN: 1420-07-311-02

RECORDING REQUESTED BY:  
JENKINS LAW OFFICE, PC

RETURN RECORDED AFFIDAVIT TO:

Mrs. Ella Davis  
711 Cottonwood Drive  
Carson City, NV 89701

MAIL TAX STATEMENTS TO:

Mrs. Ella Davis  
711 Cottonwood Drive  
Carson City, NV 89701

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA            )  
  : ss.  
COUNTY OF CARSON CITY)

ELLA DAVIS does hereby subscribe and swear under penalty of perjury that the following assertions are true:

1.       That ELMER L. DAVIS was a Beneficiary in that certain Deed of Trust with Assignment of Rents dated October 28, 2003, wherein GARY BAUM and KATHLEEN JO BAUM are the Trustor, FIRST AMERICAN TITLE COMPANY OF NEVADA, a Nevada corporation, is the Trustee, and ELMER L. DAVIS and ELLA DAVIS, husband and wife as joint tenants, are the Beneficiary, conveying to said Trustee in trust that certain lot, piece, or parcel of land situated in Douglas County, State of Nevada, and more particularly described as follows:

LOT 12, IN BLOCK C, AS SHOWN ON THE MAP OF VISTA GRANDE SUBDIVISION UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 28, 1972, AS DOCUMENT NO. 59273.

Jenkins Law Office, PC  
423 W. Plumb Lane  
Reno, NV 89509  
(775) 324-9970

That the said Deed of Trust with Assignments of Rents was recorded on November 6, 2003, in the Official Records of Douglas County, Nevada, in Book 1103, at Page 2686 as Document No. 596058.

2. That ELMER L. DAVIS, one of the Beneficiaries in said Deed of Trust, died on February 22, 2008, in the State of Nevada, and is the identical person named in that certified copy of death certificate attached hereto as Exhibit "A" and incorporated herein by this reference.

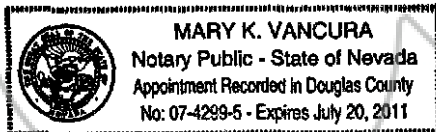
3. That affiant is decedent's widow and is the surviving joint tenant.

4. That this affidavit is executed pursuant to NRS 111.365.

DATED on May 13, 2008.

ELLA DAVIS  
ELLA DAVIS

On May 13, 2008, personally appeared before me, a notary public, ELLA DAVIS, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.



Mary K Vancura  
NOTARY PUBLIC

Jenkins Law Office, PC  
423 W. Plumb Lane  
Reno, NV 89509  
(775) 324-9970

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2008003325  
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>Elmer Leroy DAVIS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 22, 2008</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Veterans Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>82</b>	7b. UNDER 1 YEAR MOS   DAYS	7c. UNDER 1 DAY HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>July 27, 1925</b>
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>14</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Ella SCHNIERLE</b>
13. SOCIAL SECURITY NUMBER <b>2807</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Chief Of Corrections</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Nevada State Prisons</b>		Ever in US Armed Forces? <b>Yes</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>	15c. CITY, TOWN OR LOCATION <b>Carson City</b>	15d. STREET AND NUMBER <b>711 Cottonwood Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER - NAME (First Middle Last Suffix) <b>Jesse Lee DAVIS</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Edith Levada WORLEY</b>			
18a. INFORMANT- NAME (Type or Print) <b>Ella DAVIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>711 Cottonwood Dr. Carson City, Nevada 89701</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Lone Mountain Cemetery</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roof Carson City NV 89706</b>			
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) <b>TOM HOVENIC MD</b> 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) <b>February 27, 2008</b>		21c. HOUR OF DEATH <b>19:15</b>	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) <b>TOM HOVENIC MD 1000 Locust Street Reno, NV 89502</b>					23b. LICENSE NUMBER <b>LL1649</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 06, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
PART I (a) <b>Cardiopulmonary arrest</b>					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) <b>Squamous cell cancer of the lung</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 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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		
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

540861

197453

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.

*Rd Whitey*

DATE ISSUED: **MAR 10 2008**

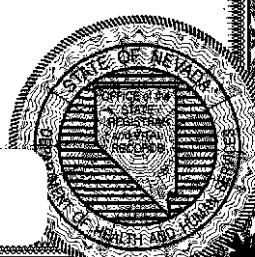
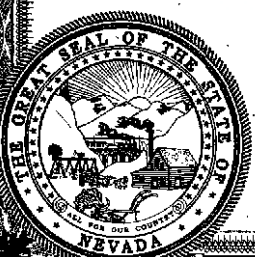
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PBNC0 (Rev) 11/06



STATE REGISTRAR  
**BK- 0508**  
**PG- 6578**  
**05/27/2008**

0723958 Page: 4 of 4

VRS-Rev-2008P



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE