

17

APN: # 1220-12-210-023

R.P.T.T. \$ _____

Mail tax statements to:
Same as below

When recorded mail to:
Curtis K. Barker, Trustee
✓ 1830 Crockett Lane
Gardnerville, NV 89410

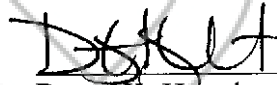
Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0608 PG- 1132 RPTT: 0.00



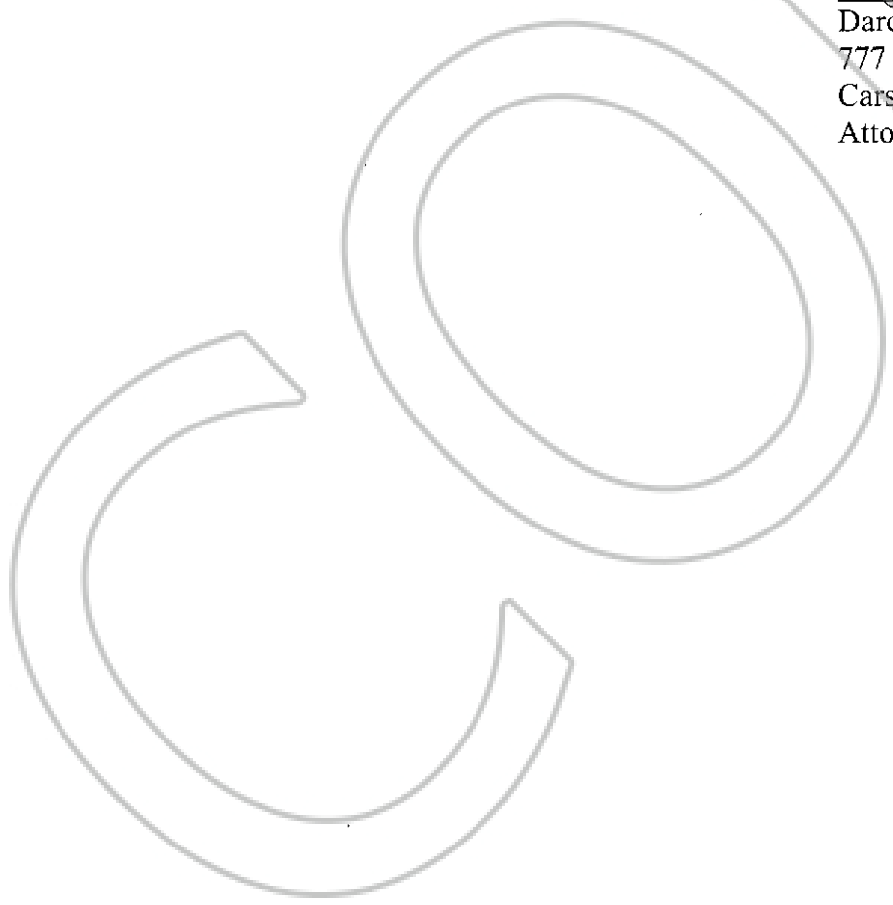
AFFIRMATION
Pursuant to NRS 440.380

The undersigned does hereby affirm pursuant to NRS 440.380, the attached document does contain the social security number of a person as required.

May 29, 2008



Darcy K. Houghton
777 E. William St., Ste. 107
Carson City, NV 89701
Attorney for Trustee



APN: # 1220-12-210-023

R.P.T.T. \$ _____

Mail tax statements to:
Same as below

When recorded mail to:
Curtis K. Barker, Trustee
1830 Crockett Lane
Gardnerville, NV 89410

AFFIDAVIT OF DEATH

Curtis K. Barker, being of sound mind and body, hereby testifies:

That he is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, bounded and described on Exhibit "A", was held by Curtis K. Barker and Joy Ann Barker, husband and wife, who acquired joint tenancy with right of survivorship by Grant, Bargain, Sale Deed No. 0572739 recorded on April 7, 2003.

That Joy Ann Barker passed away on October 13, 2007, as identified in the Certificate of Death, State File Number #2007008590 issued by the State of Nevada.

That pursuant to the rules of survivorship, Curtis K. Barker is the survivor and now holds this property as a single man as his sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

April 1, 2008



Curtis K. Barker

State of Nevada)

City and County of Carson City)

Signed and sworn to before me on April 1, 2008 by Curtis K. Barker.

Debra A. Nicholson

Notary Public
Debra A. Nicholson
777 E. William Street, #107
Carson City, NV 89701
My commission expires: 3/1/2011

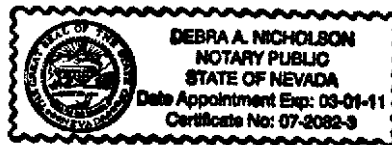


Exhibit "A"

Legal Description

All that certain real property situated in the unincorporated area, County of Douglas, State of Nevada, described as follows:

Parcel 3-B as set forth on Final Parcel Map #1024 for Alton Anker, etal, file for record in the office of the County Recorder of Douglas, State of Nevada on September 3, 1996, in Book 996, Page 101 as Document No. 395679.

Per NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed No. 0572739 recorded on April 7, 2003.

APN: **1220-12-210-023**

COPY



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007008590
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

1a. DECEASED-NAME FIRST Joy			1b. MIDDLE A			1c. LAST BARKER			2. DATE OF DEATH (Mo/Day/Year) October 13, 2007			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) 1830 Crockett Lane						3e. If 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) 63			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 14, 1944				
9a. STATE OF BIRTH (If not U.S.A., name country) Kentucky			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Curtis BARKER					
13. SOCIAL SECURITY NUMBER ██████████ 2340			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Order Clerk						14b. KIND OF BUSINESS OR INDUSTRY General Electric								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1830 Crockett Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					

PARENTS

16. FATHER - NAME (First Middle Last Suffix) Fred BLAUT						17. MOTHER - NAME (First Middle Last Suffix) Eleanor RIES					
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) Curtis BARKER						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1830 Crockett Lane, Gardnerville, Nevada 89410					
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701					

TRADE CALL

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410					
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CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN KELLY 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) October 16, 2007			21c. HOUR OF DEATH 18:01			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)		

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) JOHN KELLY, M.D. - 1535 Medical Parkway Carson City, NV 89706						23b. LICENSE NUMBER 6376					
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CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 16, 2007			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).)												Interval between onset and death					
PART (a) Breast Cancer												5.5 Years					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
PART (b)												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
PART (c)												Interval between onset and death					
PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.												26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		

28a. ACC., SUICIDE, HOMICIDE, 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- 0608
PG- 1135

205743 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.

FBXCO (Rev) 11/06

Rd White
STATE REGISTRAR

