

DOC # 725231  
06/17/2008 12:50PM Deputy: PK  
OFFICIAL RECORD  
Requested By:  
MARQUIS TITLE  
Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-608 PG-4254 RPTT: 0.00



A.P.N. 13 18-23-410-044

WHEN RECORDED MAIL TO:

Deborah Dodge-Winters  
1248 Kingston Way  
Gardnerville, NV 89460

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, Deborah Dodge-Winters being first duly sworn, deposes and says:

That Affiant is the surviving Joint Tenant of Daisy Dee Dodge and that the Affiant and the said Daisy Dee Dodge deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed

dated the 14th day of January, 2008, under the terms of which Daisy Dee Dodge, an unmarried woman was Grantor to: Daisy Dee Dodge, an unmarried woman and Deborah Dodge-Winters, a married woman, as Joint Tenants with right of survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded January 22, 2008, in Book0108 at Page 4354 as Document No0716566 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

LOT 4, AS SHOWN ON THE MAP OF PONDEROSA PARK SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 25, 1970, AS DOCUMENT NO. 47249.

That the said Daisy Dee Dodge one of the Grantees in the Joint Tenancy Deed, died on the <sup>and</sup> ~~January~~ day of January, 2008 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, Deborah Dodge-Winters, a married woman, as of the date of decedent's death.

Dated: June 16, 2008

  
Deborah Dodge-Winters

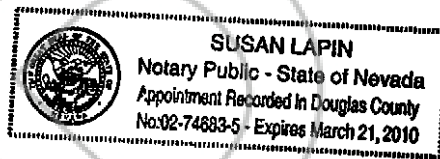
STATE OF NEVADA  
COUNTY OF *Douglas*

On *June 17, 2008*, before me, the undersigned, a Notary Public in and for said County, personally appeared *Deborah Dodge-Winters*, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature

  
NOTARY PUBLIC



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2008000818

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 AVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Daisy Dee DODGE</b>			2. DATE OF DEATH (Mo/Day/Year) <b>January 22, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Stateline</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>171 Ponderosa #4</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)		4. SEX <b>Female</b>
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify \ No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>81</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 27, 1926</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>12</b>
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)				
13. SOCIAL SECURITY NUMBER <b>0686</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Auditor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gaming</b>		15. Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Stateline</b>		15d. STREET AND NUMBER <b>171 Ponderosa #4</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER - NAME (First Middle Last Suffix) <b>Lucien Mertz POTEET</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Lena BILES</b>			
18a. INFORMANT - NAME (Type or Print) <b>Deborah R DODGE-WINTERS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1248 Kingston Way Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</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 Douglas County Mortuary</b> <b>1478 4th Street Minden NV 89423</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>STEPHEN HEWITT DO</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>January 23, 2008</b>		21c. HOUR OF DEATH <b>02:05</b>		22b. DATE SIGNED (Mo/Day/Yr)		
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>Dr. Stephen Hewitt DO, 1090 3rd Street #1 South Lake Tahoe, CA 89449</b>					23b. LICENSE NUMBER <b>NV 1107</b>	
24a. REGISTRAR (Signature) <b>SARAH KOERNER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 24, 2008</b>		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				Interval between onset and death		
(a) <b>Bladder Cancer</b>				<b>6 Months</b>		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(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					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC. SUICIDE, HON., 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



BK-608  
PG-4256

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VRS-Rev-2008K

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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.

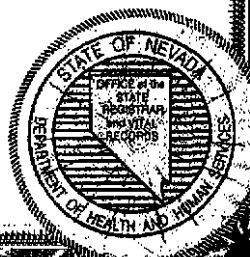
DATE ISSUED:

01/28/2008

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

PSNCO (REV) 11.04

SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE