

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Thelma Hearold
949 Starlight Court
Gardnerville, NV 89460

A.P.N.: 1220-166-100-03
Order No.: L8811464
Escrow No.: LHSD2001802

OFFICIAL RECORD
Requested By:
TITLE COURT SERVICE

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0708 PG- 3734 RPTT: 0.00



SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada

COUNTY OF DOUGLAS } ss.

Thelma Hearold, of legal age, being first duly sworn, deposes and says:

That **Owen Earl Hearold** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Owen E. Hearold**, named as one of the parties in that certain **Grant Deed** dated **September 27, 1974**, executed by **Norman L. Hearold**, to **Owen E. Hearold and Thelma Hearold Husband and Wife**, as joint tenants, recorded as Instrument No. _____, on _____, of Official Records of Douglas County, Nevada covering the following described real property situated in the County of Douglas, State of Nevada:

See legal description attached hereto and made a part of as exhibit "A"

Dated: 7-12-2008

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

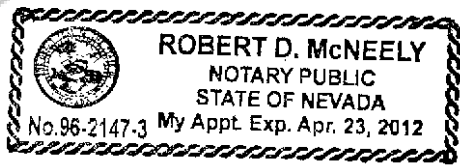
Thelma Hearold
Thelma Hearold

Subscribed and sworn to (or affirmed) before me on this 12TH day of JULY, 2008, by THELMA HEAROLD

proved to me on the basis of satisfactory evidence to be the person who appeared before me

WITNESS my hand and official seal.

Signature Robert D. McNeely
Notary Public in and for said County and State



(This Area for Official Notary Seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007008477
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: Owen			1b. MIDDLE: Earl		1c. LAST: HEAROLD		2. DATE OF DEATH (Mo/Day/Year): October 10, 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): 949 Starlight Court			3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)		4. SEX: Male		
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): 90		7b. UNDER 1 YEAR: MOS	7c. UNDER 1 DAY: HOURS	7d. UNDER 1 DAY: MINS	8. DATE OF BIRTH (Mo/Day/Yr): August 11, 1917	
9a. STATE OF BIRTH (if not U.S.A., name country): Illinois		9b. CITIZEN OF WHAT COUNTRY: United States		10. EDUCATION: 10	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married		12. SURVIVING SPOUSE (if wife, give maiden name): Thelma WHITE			
13. SOCIAL SECURITY NUMBER: [REDACTED] 1131		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Owner/operator			14b. KIND OF BUSINESS OR INDUSTRY: Truss Mfg Company					
15a. RESIDENCE - STATE: Nevada		15b. COUNTY: Douglas		15c. CITY, TOWN OR LOCATION: Gardnerville		15d. STREET AND NUMBER: 949 Starlight Court		15e. INSIDE CITY LIMITS (Specify Yes or No): Yes		
16. FATHER - NAME (First Middle Last Suffix): Clyde HEAROLD						17. MOTHER - NAME (First Middle Last Suffix): Flora WILLIAMSON				
18a. INFORMANT- NAME (Type or Print): Thelma HEAROLD				18b. MAILING ADDRESS: (Street or R.F.D. No; City or Town, State, Zip): 949 Starlight Ct, Gardnerville Ranchos, Nevada 89460						
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation			19b. CEMETERY OR CREMATORY - NAME: Masonic Memorial Gardens			19c. LOCATION City or Town State: Reno Nevada 89503				
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): JOHN LAWRENCE SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE: 304R		20c. NAME AND ADDRESS OF FACILITY: Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701				
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): VIJAY MAIYA 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: 06:35			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): Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703								23b. LICENSE NUMBER: 11909		
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 I	(a) Asystole						Interval between onset and death			
	(b) Sepsis						Interval between onset and death			
	(c) Aspiration Pneumonia						Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.							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

530198



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BK- 0708
PG- 3735

172243

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.

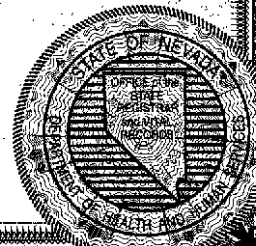
DATE ISSUED:

10/16/2007

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

PHNCO (REV) 11/06

SIGNATURE AUTHENTICATED



LEGAL DESCRIPTION

THE LAND REFERRED TO HEREIN IS SITUATE IN DOUGLAS COUNTY, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

LOT 440, AS SHOWN ON THE MAP OF RESUBDIVISION OF LOTS 91-A & B; 92-A & B; 93 THROUGH 96, AND 221 THROUGH 232, GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 10, 1967, AS DOCUMENT NO. 37049.

TAX ID #: 1220-166-100-03

BEING ALL AND THE SAME LANDS AND PREMISES CONVEYED TO OWEN E. HEAROLD AND THELMA HEAROLD, HIS WIFE AS J/T BY NORMAN L. HEAROLD IN A GRANT DEED EXECUTED 9/27/1974 AND RECORDED 11/7/1974 IN BOOK 1174, PAGE 99 OF THE DOUGLAS COUNTY, NEVADA LAND RECORDS.

