

APN 1220-22-410-106

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:**

✓Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1108 PG- 3560 RPTT: 0.00



MAIL TAX STATEMENTS TO:

James W. Valkus
617 Jill Dr.
Gardnerville, NV 89460

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. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT OF DEATH OF JOINT TENANT

I, JAMES W. VALKUS, being duly sworn say:

1.) I am over 18 years of age. The decedent described in the attached certified copy of the Certificate of Death is the same person as THELMA WOOD VALKUS, who is named with me as one of the parties in the deed dated April 14, 1993, executed by NEAL SPROTT, an unmarried man, and granted to JAMES W. VALKUS and THELMA W. VALKUS, also known as THELMA WOOD VALKUS, husband and wife, as Joint Tenants with right of survivorship and not as tenants in common, recorded as APN No. 1220-22-410-106 on April 14, 1993 in the Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

Lot 919, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

APN 1220-22-410-106

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

2.) As a result of the death of my wife, THELMA WOOD VALKUS, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: November 17, 2008.

James W. Valkus

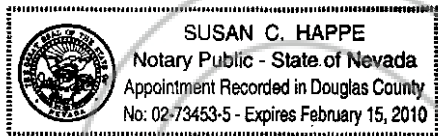
James W. Valkus

JURAT

State of Nevada)
County of Douglas)

Signed and Sworn to before me on November 17, 2008 by JAMES W. VALKUS.

WITNESS my hand and official seal.



Susan C. Happe
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

RELATIVES

POSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Thelma Wood VALKUS		2. December 9, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/emer. Rm. inpatient (Specify)	
3c. 617 Jill Dr.		3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 86	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6. NO		7b. 0	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 DAY HOURS : MINS	
9a. Iowa		7c. 0	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. U.S.A.		8. August 7, 1918	
Decedent's Education: Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 16 Years		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. 1088		12. Jim Valkus	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 617 Jill Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e. Yes		16. Joseph Wood	
MOTHER—MAIDEN NAME First Middle Last		17. Pearl West	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Jim Valkus - Husband		18b. 617 Jill Dr. Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Minden, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 12/21/04		22b. 12-22-04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0956		22c. 0956	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. None		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Evan W. Easley M.D., 1520 Virginia Ranch, Gardnerville, NV 89410		22e. AT	
REGISTRAR		LICENSE NUMBER	
24a. <i>[Signature]</i>		23b. 7446	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. 12-22-04		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I	
(a) Respiratory Failure		Interval between onset and death	
(b) Cerebrovascular Accident		Interval between onset and death	
(c) None		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		PART II	
26. No		AUTOPSY (Specify Yes or No)	
27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. None		28b. None	
HOUR OF INJURY		HOUR OF INJURY	
28c. None		28c. None	
DESCRIBE HOW INJURY OCCURRED		M	
28d. None		28d. None	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. None		28f. None	
LOCATION		STREET OR R.F.D. No.	
28g. None		28g. None	
CITY OR TOWN		STATE	

BK- 1108
PG- 3562
0733274 Page: 3 OF 3 11/19/2008

STATE REGISTRAR No. 276593

23801

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: **DEC 22 2004**

[Signature]
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE