APN # 1320-26-002-008

Escrow # Accommodation

Recording Requested By: First Centennial Title Company 1450 Ridgeview Dr. #100 Reno, NV 89509

When Recorded Return to: Bradford Shane Seevers P.O. Box 67 Minden, Nevada 89423 DOC # 735071

12/29/2008 03:36PM Deputy: PK
 OFFICIAL RECORD
 Requested By:

FIRST CENTENNIAL - RENO
 Douglas County - NV
 Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00

BK-1208 PG-5251 RPIT: 0.00

SPACE ABOVE FOR RECORDERS USE

## AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

#### Please complete Affirmation Statement below:

☐ I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

#### -OR-

☑ I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380 (state specific law).

Title Officer
SIGNATURE

TITLE

Kathy Pavlik
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1320-26-002-008						
When Recorded Return to:						
PA Bak 67	\ \					
MINDEN NV. 89423	\ \					
11/10/2010: 100.01122	\ \					
ps.						
AEEIDAVIT DEATH	SPACE ABOVE FOR RECORDERS USE					
AFFIDAVIT - DEATH OF JOINT TENANT						
STATE OF NEVADA } ss:						
COUNTY OF Washoe						
BRADFORD SHANE SEEVERS, of legal age, being of	duly sworn, deposes and says					
That ANN L. CLARK, the decedent mentioned Death, is the same person as ANN L. CLARK named	ed in the attached certified copy of the Certificate of day one of the parties in that certain GRANT DEED					
dated October 30 <sup>th</sup> , 1996 executed by ANN L. SEEV	ERS (NOW REMARRIED AND KNOWN AS ANN L.					
CLARK), AS TRUSTEE OFTHAT CERTAIN DECLAF 1984, OFFICIAL RECORDS, WASHOE COUNTY, N	NEVADA, AS AMENDED BY AN AMENDMENT TO					
REVOCABLE DECLARATION OF TRUST AMENDM SEEVERS, AS GRANTOR AND, AND ANN L. SE	IENT NO. 1, BOTH EXECUTED BETWEEN ANN L.					
BRADFORD SHANE SEEVERS, as joint tenants, re	corded as Instrument No. 402213, on December 4",					
1996, in Book 1296 Page 456 of Official Records described property. (See exhibit "A" attached hereto						
( (	\ \ \					
\ \	\ \					
X 2 X 24	)					
Dated: 2/39/08	J. WILLIAMS					
B II I So	Appointment Recorded in Washow County					
BRADFORD SHANE SEEVERS	No: 97-1661-2 - Expires June 16, 2009					
SIADI OND GIANE OLEVENS	6/16/2009					
	·					
	29th day of December, 2008					
SUBSCRIBED AND SWORN TO before me on this	day of technoor,					
NOTADYPORT						
NOTARY PUBLIC	→ \					

SPACE BELOW FOR RECORDER

BK-1208 PG-5252 735071 Page: 2 of 4 12/29/2008

# EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

A parcel of land being a portion of the East ½ of Section 26, Township 13 North, Range 20 East, M.D.B. & M., more particularly described as follows:

Parcel 1-C as shown on the Parcel Map for Alvin M. and Mildred L. May, recorded August 27, 1981 in Book 881, Page 1880, Document No. 59765, Official Records of Douglas County, State of Nevada.



BK-1208

735071 Page: 3 of 4 12/29/2008

# STATE OF ARIZONA

## STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO. **CERTIFICATE OF DEATH** 

NAME OF A. FIRST DECEASED	B. MIDOLE	C. LAST	SEX		DATE OF MO	NTH DAY YEAR		
ANN	$oldsymbol{L_{oldsymbol{\cdot}}}$	CLARK	2 FEMALE		JUNE	1. 1998		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY:	WAS DECEDENT OF HISPANIC (SPECIFY YES OR NO)	ORIGIN:	IF YES, INDICATE MEXICA	N, SPANISH, PUERTO	RICAN, WAS DECEAS	SED EVER IN U.S. APMED FORCEST		
4A. White	B. NO		C. 5.			No		
PLACE OF A. COUNTY	B. TOWN OR CITY		C. HOSPITAL OR (IF RESIDENCE, GIVE STREET ADS					
DEATH Maricopa	Sun City Wes	+	INSTITUTION			OP EMER.		
DATE OF MONTH DAY YEAR	AGE (YEARS IF UNDER 11)		Del E. Webb Memorial Hospi MARRIED, NEVER MARRIED, SURVIVING			WIFE, GIVE MAIDEN NAME)		
March 8, 1914	LAST BIRTHDAY) MOS. DA	iys Hrs, Min.	WIDOWED, DIVORCED (SI		7 77-			
STATE AND (§ not in USA, name country)	8A. 84 B. CITIZEN OF WHAT SPECI	C. SOCIAL SECUI	S. Married 10. Jay			V. Clark KIND OF BUSINESS OR INDUSTRY		
CITY OF BIRTH	COUNTRY?	333723233	done most of working life, even if retired			1 2 2 2		
11. Fallon, Nevada USUAL A STATE B COUNTY	J <sub>12.</sub> U.S.A.	COTO	9731 D. ZIP CODE	14A <i>BOOKKEE</i> HOW LONG IN ARIZON		B. Office		
RESIDENCE				TON CORE IN ATILLE	~"   н	EDUCATION IGHEST GRADE COMPLETED		
15. Nevada Douglas				18 7 Months		nana mara		
STREET ADDRESS OR R.F.D.		HESERVATION ECIFY Yes or No)	PREVIOUS STATE		ELEMENTARY (0-1)	SECONDARY COLLEGE 2) (1-4 or 5+)		
15El770 Bobcat Road		s, No	18.	e e Britania	I A	в. 2		
FATHER'S A FIRST	B. MIDDLE 35 C. L	AST	MOTHER'S MAIDEN	A. FIRST	8. MIDOLI	E C. LAST		
Joseph Shane Mary Rebol								
INFORMANT'S SIGNATURE		LATIONSHIP TO CEASED	ADDRESS	STREET NO.	CITY AND S	STATE ZIP CODE		
21.≯Jay W. Clark	Na reful 3 (n. de la 141 e e e e e e e e e e e e e e e e e e		23 P.O. BOX	67 Minden	Nevada	89432		
BURIAL, CREMATION, DATE REMOVAL, OTHER (Specily)	CEMETERY OR CREMA	TORY - NAME LOCATION	1.77% But	EMBALMER'S SK		CERT. NO.		
Removal 25.6/3/98	Apache J	unction Cr	Junction, A ematory	Z Not	Embalmed			
FUNERAL HOME NAME	STHEET ADDRESS	7000	O STATE	FUNERAL DIRECT	TOP ongeison acting a	s'soch (SIGNATURE) CERT. NO.		
28 Sunwest Funeral Home	15399 Grand A	ve. El Mir	age. Az	757	ry L. Eur	877		
TO THE BEST OF MY KNOWLEDGE, D		The state of the s	CNT	HE BASIS OF EXAMINA	TION AND/OR INVESTI	BATION, IN MY OPINION DEATH OCCURRED		
DUE TO THE CAUSE(S) STATED.	Acres of the		7 H		ACE DUE TO THE CAU	SE(S) AND MANNER STATED.		
BONES SO. SIGNATURE CULS	wwwante	WM.D.		NO TITLE	1 34			
B 日	-98 HOURO	FDEATH	3.最后自己的	E SIGNED (Mo., Day, Ye	sar)	HOUR OF DEATH		
BE AND STREET BY SECION P			35 F 5 7 35	NOUNCED DEAD (Mo.,	Day, Yeari	PRONOUNGED DEAD (Hour)		
33.	复数机体 计连续数据 益		N	الماشي		38. AT		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MED	CAL EXAMINER OF TRIBAL LAW	ENFORCEMENT AUTHOR	AUTHORIZED	POR CREMATION	MEDIGAL EXAMINERY	SIDNATURE		
(Type or Print) Kulbhushan Paul, 39. DATE REGISTERED REG. FLE NO.			a, AZ 40 T Z X	Yes No	n mly	ATE RECO. IN STATE OFFICE		
JUN 8 1998   DOT 9	REGISTRANT SIGNATURE		32100 00		705 46	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
47. A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE).								
TO SE 12 URES APPROXI-								
MATE  INTERVAL								
SE, EN C C C C C C C C C C C C C C C C C C	VAGINAL	PISTUL.	A		7	SETWEEN ONSET		
C. DUE TO OR AS A CON			The section of the se			AND		
RES C S S S S S S S S S S S S S S S S S S						DEATH		
PART II Other significant ponditions and the direct	i Ti Vii Vii ka ka ka ka ka Ti	·	- to make	AUTOPSY	was case	REFERRED TO MEDICAL EXAMINER		
PART II. Other significant conditions contributing				(Specify Y	es or No) (Specify Ye	s or No)		
48 RHEWMATRID	ARTHRITIS		TENSION	70.	O 56.	Yes .		
MANNER OF DEATH OATE OF INJURY	MO DAY YR	HOUR I	NJURY AT WORK? DESI (Specify Yes or No.)	CRIBE HOW INJURY O	COUNTED.			
PENDING 52.			54. 55.	100				
ACCIDENT INVESTIGATION PLACE OF	INJURY (Al home, larin, street, lac	tory, office building, etc.)	WHERE LOCATED?	STREET ADD	RESS CIT	Y OR TOWN STATE		
S1. SUICIDE LINDETERMINED 68.	San Walter Branch		57.		1937 27			
SUPPLEMENTARY ENTRIES 58.		10 Y 1	N			ВК-1208		
						PG-5254		
N.	16 M				age: 4 of	4 12/29/2008		
Section 1	CERT	IFIED COPY O	F VITAL RECOF	ขียร :	-			
STATE OF ARIZON	IA ]	•	•	June 19	1998	Manufacture of the second		

COUNTY OF MARICOPA J

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

