	OFFICIAL RECORD Requested By:
	NONA M LOOMIS
Assessor's Parcel Number: 1420 - 33 - 212 - 011	Note: If Education
Recording Requested By:	Douglas County - NV Karen Ellison - Recorder
,	Page: 1 Of 3 Fee:
	BK-0109 PG- 3506 RPTT:
Address: 1307 BRIDG WAY City/State/Zip: MINDEN NV 89423	
City/State/Zip: MINDEN NV 89423	i idelii seili ieree ilile eliki seise ilile i
Mail Tax Statements to:	\ \
Name: NONA LOOMIS	
Address: 1307 BRITLE WAY	
Address: 1307 BRIDLE WAY City/State/Zip: MINDEN, NV 89423	
Please complete Affirmation Statement below:	
I the undersigned hereby affirm that this document submitted for	
recording does not contain the social security number of any person or persons. (Per NRS 239B.030)	
-OR- I the under signed hereby affirm that this document submitted for	
Recording contains the social security number of a person or persons	) )
as required by law: DEATN CERTIFICATE (state specific law)	/ /
OWNER	
Signature (Print name under signature) Title	· /
AFFIDAVIT - DEATH OF A JOIN	IT TENANT
(Title of Document)	
If legal description is a metes & bounds description fi	urnish the following information:
Legal description obtained from: DeeD (Document	Title), Book: 1290 Page: 3944
Document # 241974 recorded 12/12/98	(Date) in the Douglas County Recorders
Office.	, ,
-OR-	
If Surveyor, please provide name and address:	
This page added to provide additional information requir	ed by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

DOC # 0736039 01/20/2009 11:18 AM Deputy: DW

16.00

## A.P.N. 1420-33-212-011

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Nona. Loomis

1307 Bridle Way

Minden, NV 89423

THIS SPACE FOR RECORDER'S USE ONLY

## AFFIDAVIT - DEATH OF A JOINT TENANT

Nona M. Loomis, of legal age, being duly sworn, deposes and says that Gary Allan Loomis, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Gary A. Loomis named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 6, 1998, executed by Elaine Stang, as Trustee of the Elaine Stang Family Trust, dated February 2, 1994 to Gary A. Loomis and Nona M. Loomis husband and wife as joint tenants, recorded as Instrument No. 452454, on October 23, 1998, in Book 1098, Page 4879, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 127, Block B, as shown on the Final Map of WILDHORSE, UNIT NO. 4, a Planned Unit Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 12, 1990, in Book 1290, Page 3944, as Document No. 241974. Dated: January 15, 2009

Nona M. Loomis

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA

SS. )

COUNTY OF DOUGLAS

On January 15, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Nona M. Loomis

known to me to be the person whose name is subscribed to the within instrument and acknowledge that she NOTARY PUBLIC

executed the same

Signature

0736039 Page: 2 Of

STATE OF NEVADA County of Douglas

WENDY DUNBAR Appointment Expires Dec. 16, 2010

## STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008018333

STATE FILE NUMBER 19. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH PRINT IN PERMANÊNT LOOMIS November 09, 2008 Douglas Gary Allan BLACK INK 3b, CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e.tf Hosp. or Inst. indicate DOA, OP/Emer. Rm. and number) Inpatient(Specify) Minden 1307 Bridle Way DECEDENT | 7b. UNDER 1 YEAR | 7c. UNDER 1 DAY | 8. DATE OF BIRTH (Mo/Day/Yr) | MOS | DAYS | HOURS | MINS | . Hispanic Origin? Specify a. AGE-Last 5. RACE White No - Non-Hispanic (Specify) birthday (Years) August 03, 1943 95. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give IF DEATH OCCURRED IN INSTITUTION 9a STATE OF BIRTH (If not U.S.A. name country) California DIVORCED (Specify) maiden narrenna VILLARREAL United States 18 Married Ever in US Armed 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY 13. SOCIAL SECURITY NUMBER: SEE HANDROOK Forces? No Working Life, Even if Retired) 3196 City Of Los Angeles **Upper Management** 15e. INSIDE CITY RESIDENCE 15a. RESIDENCE - STATE 15d. STREET AND NUMBER 15c. CITY, TOWN OR LOCATION ITEMS Yes 1307 Bridle Way Nevada Douglas 17. MOTHER - NAME (First Middle Last Suffix) 16. FATHER - NAME (First Middle Last Suffix) **PARENTS** Merlin LOOMIS & Hilda MEIER 18a. INFORMANT- NAME (Type of Print) (Street or R.F.D. No, City or Town, State, Zip) 1307 Bridle Way Minden, Nevada 89423 Nona LOOMIS 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b: CEMETERY OR CREMATORY-NAME 19c. LOCATION DISPOSITION Carson City Nevada 89701 Cremation Fitzhenry's Crematory 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b, FUNERAL 20c. NAME AND ADDRESS OF FACILITY DIRECTOR LICENSE JAMES SMOLENSKI FitzHenry's Carson Valley Funeral Home , 7%<sub>c</sub>, `√217<sup>?7</sup> 1380 Highway 395 N Gardnerville NV 89410 SIGNATURE AUTHENTICATED TRADE CALL TRADE CALL - NAME AND ADDRESS-TO 22a. On the basis of examination and/or investigation, in my opinion, death occurred a 21a. To the best of my knowledge, death occurred at the time, date and place and the time, date and place and due to the cause(s) stated. (Signature & Title) due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JOANNE CRUZ 🔠 21b. DATE SIGNED (Mo/Day/Yr) CERTIFIER 21c. HOUR OF DEATH 22h DATE SIGNED (Mo/Day/Yr) 20:30 December 04, 2008 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22e. PRONOUNCED DEAD AT (Hour 22d PRONOUNCED DEAD (Mo/Day/Yr) 8 S (Type or Print) 20:30 November 09, 2008 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENSE NUMBER 432 Deputy Coroner JOANNE CRUZ P. O. Box 218 Minden, NV 89423 REGISTRAR 24a. REGISTRAR (Signature) 24c. DEATH DUE TO COMMUNICABLE DISEASE 24b. DATE RECEIVED BY REGISTRAR CHRISTINA GRIFFITH (Mo/Day/Yr) NO X December 12, 2008 YES SIGNATURE AUTHENTICATED <u>y</u>): (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b); AND (c).) Interval between onset and death CAUSE OF Self inflicted gunshot wound to head DEATH DUE TO, OR AS A CONSEQUENCE OF interval between onset and death CONDITIONS IF ANY WHICH SAVE RISE TO interval between onset and death DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE DUE TO, OR AS A CONSEQUENCE OF STATING THE Interval between onset and death UNDERLYING 27, WAS CASE REFERRED TO CORONER (Specify Yes 26. AUTOPSY PART II Yes 28a, ACC., SUICIDE, HOM., UNDET. 28d, DESCRIBE HOW INJURY OCCURRED 28b. DATE OF INJURY (Mo/Daw/Yr) 28c HOUR OF INTERV OR PENDING INVEST. ( Suicide self inflicted gunshot wound to head November 09, 2008 2030 28e. INJURY AT WORK (Specify STREET OR R.F.D. No. CITY OR TOWN STATE 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g LOCATION res or No) Nevada No building, etc. (Specify) 1307 Bridle Way STATE REGISTRAR

246620

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:

This copy is not valid united frai 2008 engraved border displaying date, seal and signature of Registrar.



VRS-Rev-2008T

SIGNATURE AUTHENTICATED