

RECORDING REQUESTED BY AND
MAIL TO:

Gary M. Turner
c/o MICHAEL SMILEY ROWE, ESQ.
1638 Esmeralda Avenue
Minden, NV 89423
APN: 1220-15-110-043

Pursuant to NRS 239B.030(4), I affirm that
the instrument contained below (or attached hereto)
does contain the social security number
of any person.

DOC # 0736360
01/23/2009 02:11 PM Deputy: GB
OFFICIAL RECORD
Requested By:
ROWE & HALES

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0109 PG- 4827 RPTT: 0.00



AFFIDAVIT OF SURVIVING JOINT TENANT

GARY M. TURNER, being first duly sworn on oath, deposes
and states under the pains and penalties of perjury as follows:

1. That your affiant was married to CATHY GAIL TURNER,
Deceased. Your affiant is the surviving spouse of, and joint
tenant with, CATHY GAIL TURNER.

Your affiant and CATHY GAIL TURNER were married on 9
January 1962.

2. Your affiant and CATHY GAIL TURNER were grantees in
joint tenancy with right of survivorship pursuant to that
certain grant, bargain and sale deed dated 10 September 1976
and recorded 15 September 1976 in the official records of
Douglas County, City, Nevada, as Document No. 63246, Book 976,
Page 796.

The grantees in the grant, bargain and sale deed are
one and the same as your affiant and CATHY GAIL TURNER.

3. The joint tenancy property, with right of

survivorship, is located at 967 Monument Peak, Gardnerville, Nevada. The property may be more specifically identified as:

Lot 75, as shown on the Map of Gardnerville Ranchos Unit No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, as Document No. 28309 and June 4, 1965, as Document No. 28377.

4. CATHY GAIL TURNER, affiant's joint tenant, died on 15 November 2008, in Gardnerville, Nevada, and is the identical person named as the Deceased in that certain certified copy of the certificate of death attached hereto as Exhibit "A". The certified copy of the certificate of death is incorporated herein by this reference as if set forth in full.

5. That all of the property identified herein is now vested in your affiant, GARY M. TURNER, as of the date of the Decedent's death.

DATED this 23rd day of January, 2009.


GARY M. TURNER

A C K N O W L E D G E M E N T

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

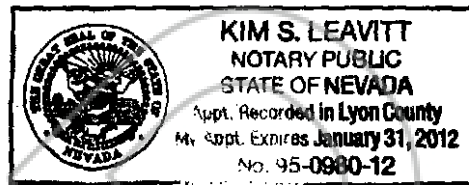
On January 23, 2009, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared GARY M. TURNER, known to me to be the person whose

/ / /

name is subscribed to the within instrument and acknowledged
that he executed the same.

This instrument was acknowledged
before me on this 23 day of January,
2009.


NOTARIAL OFFICER



COPY



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008017303
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,MIDDLE,LAST,SUFFIX) Cathy Gail TURNER		2. DATE OF DEATH (Mo/Day/Year) November 15, 2008		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) 967 Monument Peak Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 25, 1941		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Gary Michael TURNER	
13. SOCIAL SECURITY NUMBER 8946		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Certified Public Accountant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 967 Monument Peak Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Burton Thaine SWALLOW	
17. MOTHER - NAME (First Middle Last Suffix) Dorothea WEBB		18a. INFORMANT- NAME (Type or Print) Gary Michael TURNER		18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 967 Monument Peak Drive Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society-Reno 390 E. Moana Ln. Suite D1 Reno, NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID HOWARD JOHNSON M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) November 19, 2008		21c. HOUR OF DEATH 09:20	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. LICENSE NUMBER 4143		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) David Howard Johnson M.D. 1624 Library Lane Minden, NV, 89423		23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 21, 2008		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		(a) Adenocarcinoma Lung		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		(c)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		(d)		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

562736

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244431 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:

11/21/2008

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

PBNC0 (REV) 11/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

