



APN#: 1022-15-001-036

Recording Requested By:
Western Title Company, Inc.

When Recorded Mail To:
Jimmy F. Liggins
2915 Walker View Rd
Wellington, NV
89444

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380)

Signature _____

Anne Wright
Anne Wright Esrow Agent

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

JIMMY F. LOGGINS, of legal age, being first duly sworn, deposes and says:

That WAYLAND ASHMAN LOGGINS AKA WAYLAND A LOGGINS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WAYLAND ASHMAN LOGGINS AKA WAYLAND A LOGGINS named as one of the parties in that certain GRANT DEED dated MARCH 8, 2006 executed by FLOYD D. NORRIS AND ELAINE OLDHAM, HUSBAND AND WIFE to JIMMY F LOGGINS AND MARION B LOGGINS, HUSBAND AND WIFE AND WAYLAND A. LOGGINS, AN UNMARRIED MAN ALL AS JOINT TENANTS as joint tenants, recorded as instrument No. 671167, on March 29, 2006, in Book N/A, Page N/A, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 6 in Block C, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970 in the office of the County Recorder of Douglas County, Nevada, on as Document No. 50212.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$.

Dated Jan. 26, 2009



BK-109
PG-6117



JIMMY F. LOGGINS
Surviving Joint Tenant

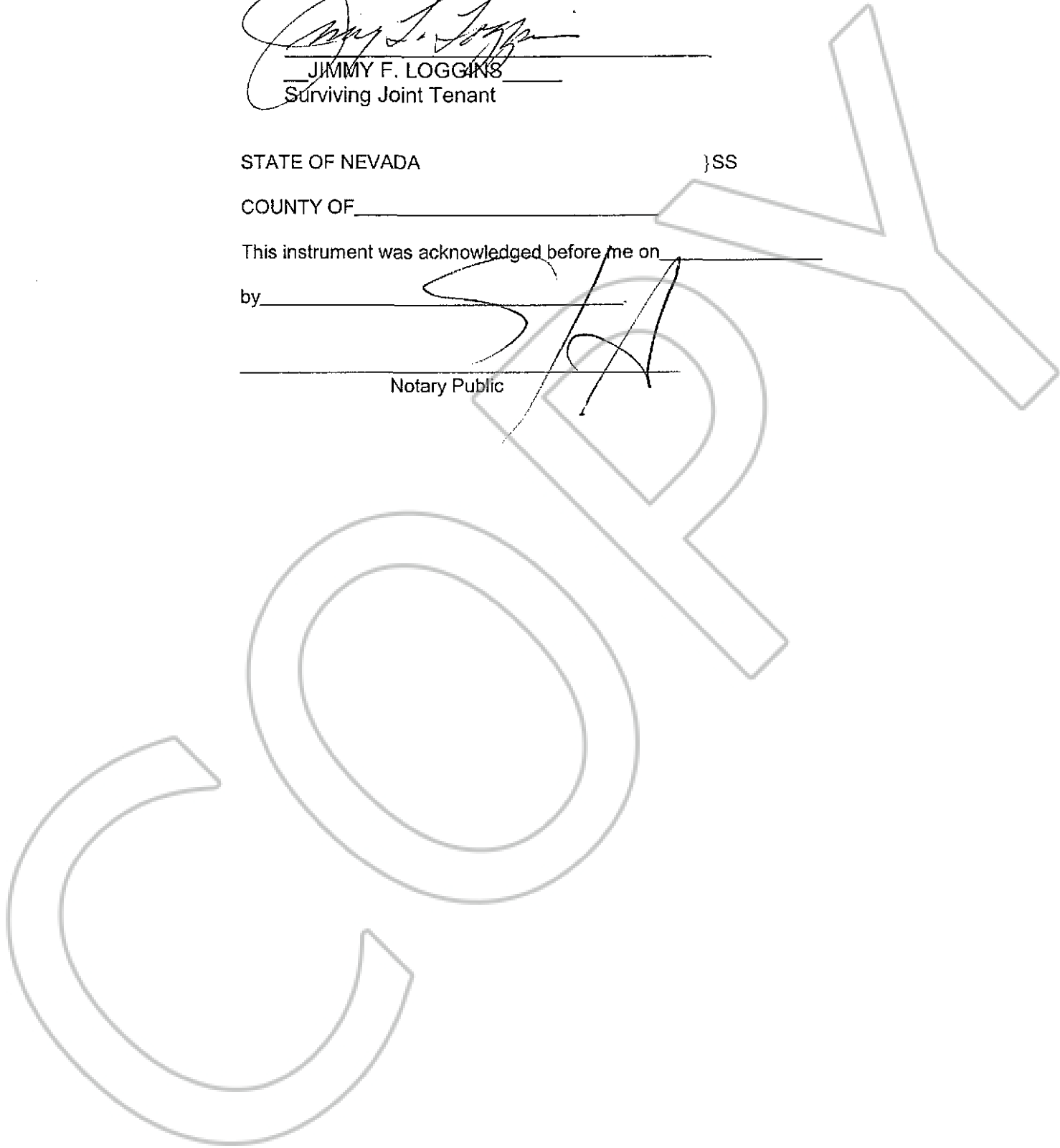
STATE OF NEVADA)SS

COUNTY OF _____

This instrument was acknowledged before me on _____

by _____

Notary Public



BK-109
PG-6118

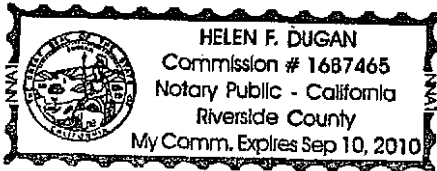
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Riverside

On Jan. 26, 2009 before me, Helen F. DUGAN - Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Jimmy F. LOGGINS
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Helen F. Dugan
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Joint Tenant

Document Date: 1-26-09 Number of Pages: 3

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Jimmy F. LOGGINS

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

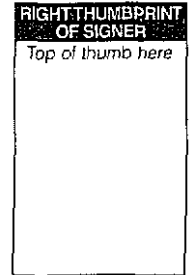
Signer Is Representing: Self



Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2008002189
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) Wayland Ashman LOGGINS | | 2. DATE OF DEATH (Mo/Day/Year) February 13, 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) Evergreen Gardnerville Health & Rehab Center | | 3e. If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient | |
| 4. SEX Male | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 089 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) May 17, 1918 | | 9a. STATE OF BIRTH (if not U S A, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 14 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 12. SURVIVING SPOUSE (if wife, give maiden name) | |
| 13. SOCIAL SECURITY NUMBER 3670 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Los Angeles Fire Captain | | 14b. KIND OF BUSINESS OR INDUSTRY Fire Department | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Wellington | |
| 15d. STREET AND NUMBER 3915 Walker View Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | | |
| 16. FATHER - NAME (First Middle Last Suffix) Ted C LOGGINS | | | 17. MOTHER - NAME (First Middle Last Suffix) Helen SMITH | | |
| 18a. INFORMANT- NAME (Type or Print) Jimmy LOGGINS | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3915 Walker View Road Wellington, Nevada 89444 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89706 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 620 | | 20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703 | |
| 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) LAURENCE GEORGE GAY M.D. 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) February 15, 2008 | | 21c. HOUR OF DEATH 13:15 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 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) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871 | | | | 23b. LICENSE NUMBER 5152 | |
| 24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 19, 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 | | | | Interval between onset and death | |
| (a) Respiratory Failure | | | | Minutes | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: Aspiration Pneumonia | | | | Interval between onset and death Days | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: Dysphagia | | | | Interval between onset and death Days | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: Melanoma with Brain Metastases | | | | Interval between onset and death 7 Years | |
| PART II | | | | 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



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PG-6120

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252969

CERTIFIED COPY OF VITAL RECORDS

R. D. White

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:

JAN 22 2009

STATE REGISTRAR

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

