

OFFICIAL RECORD

Requested By:

BILL DRISCOLL

APN: 1320-33-815-008

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0809 PG- 3010 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death of a Joint Tenant

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

Signed By:

Warren Stouffer

Print Name/Title: Warren P. Stouffer

✓ WHEN RECORDED MAIL TO:

Warren P. Stouffer
1378 Granborough Drive
Gardnerville, NV 89410

A.P.N. 1320-33-815-008

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Warren P. Stouffer
1378 Granborough Drive
Gardnerville, NV 89410

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Warren P. Stouffer, of legal age, being duly sworn, deposes and says

That June Stouffer, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as June A. Stouffer named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 3, 2003, executed by West Ridge Homes, Inc., A Nevada Corporation to Warren P. Stouffer and June A. Stouffer, husband and wife as joint tenants, recorded as Instrument No. 0567640, on February 20, 2003, in Book 0203, Page 8022, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 40, in Block D, as set forth on Final Subdivision Map No. 1006-10 for Chichester Estates, Phase 10, filed in the office of the County Recorder of Douglas County, Nevada on April 25, 2002 in Book 0402 of Official Records Page 7623, as Document No. 540511.

Dated: August 12, 2009

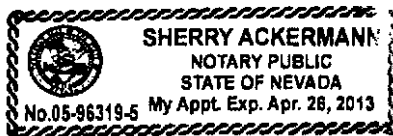
Warren P. Stouffer
Warren P. Stouffer

STATE OF NEVADA)
COUNTY OF DOUGLAS)

SS.

On August 12, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Warren P. Stouffer known to me to be the person whose name subscribed to the within instrument and acknowledge that executed the same.

Signature *[Signature]*
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009009125
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) June STOUFFER		2. DATE OF DEATH (Mo/Day/Year) June 19, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
5. RACE White (Specify)		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 19, 1930		9a. STATE OF BIRTH (If not U.S.A., name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Warren STOUFFER	
13. SOCIAL SECURITY NUMBER [REDACTED] 3149		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Registered Nurse		14b. KIND OF BUSINESS OR INDUSTRY Hospital	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1378 Granborough Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) William Ernest MEASON			17. MOTHER - NAME (First Middle Last Suffix) Gladys SINCOMB		
18a. INFORMANT - NAME (Type or Print) Warren STOUFFER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1378 Granborough Drive Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) June 23, 2009		21c. HOUR OF DEATH 05:42		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) CRAIG RAU M.D. 1600 Medical Parkway Carson City, NV.				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) JENELLE BALDWIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 25, 2009		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) Cardiorespiratory Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Ovarian Cancer				Years	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(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



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BK- 0809
PG- 3012

VRS-Rev-20080502

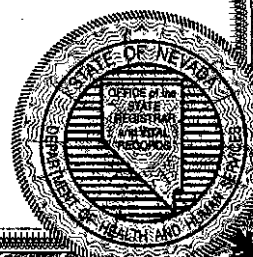
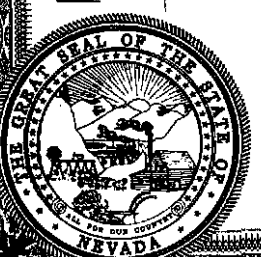
279000 CERTIFIED COPY OF VITAL RECORDS

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 unless accompanied by an engraved border displaying date, seal and signature of Registrar.
06/25/2009
PBNC0 (Rev) 11/06

R. D. White
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE