

APN: 1220-16-210-084

When Recorded Mail To:

ROWE & HALES, LLP
✓ James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Ken Baker
1171 West Baker #8
Laramie, WY 82072

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0809 PG- 4183 RPTT: # 5



**DEATH OF GRANTOR AFFIDAVIT
(Death of Joint Tenant)**

Kenneth Devere Baker, being duly sworn, deposes and says that Eston Devere Baker, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Eston Devere Baker, named as the grantor in the deed recorded on October 25, 2007, in book 1007, at page 7213, instrument number 0711868, records of Douglas County, Nevada, covering the following described property:

Lot 17 in Block C as said Lot and Block are shown on the Amended Map of Ranchos Estates, filed in the office of the County Recorder of Douglas County, Nevada, October 30, 1972, as Document No. 62493.

Kenneth Devere Baker is one of the grantees to whom the real property is conveyed upon the death of the grantor, Eston Devere Baker.

Per NRS 111.312, this legal description was previously recorded at Document No. 0711868, Book No. 1007, Page 7213, on October 25, 2007.

///

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009009858

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Eston D BAKER			2. DATE OF DEATH (Mo/Day/Year) June 29, 2009		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) Carson Valley Residential Care Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 10, 1922	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		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 9670		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Source Inspector		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1189 Kimmering Road	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Ralph BAKER		17. MOTHER - NAME (First Middle Last Suffix) Zelma FOLAND			
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Ken BAKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1171 West Baker #8 Laramie, Wyoming 82072					
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EVAN WAYNE EASLEY M.D. <i>SIGNATURE AUTHENTICATED</i>			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) July 06, 2009		21c. HOUR OF DEATH 15:10		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410					23b. LICENSE NUMBER 7446		
CAUSE OF DEATH	24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 10, 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).)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART I		(a) Respiratory Failure				Interval between onset and death	
			(b) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
		(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
		(d) DUE TO, OR AS A CONSEQUENCE OF:				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

0749147 Page: 3 of 3 08/19/2009

BK- 0809
PG- 4185

281301 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:

07/13/2009

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20090902