

APN: 1220-21-710-189

The undersigned hereby affirms that there is no Social Security number contained in this document.

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0809 PG- 4481 RPTT: 0.00



When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

I, PAMELA C. BARR, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. STEVEN ALAN BARR SR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as STEVEN A. BARR named as one of the parties in that certain **Individual Grant Deed** dated June 7, 1996, executed by Dorothy W. Lynch and Wayne D. Thompson, to **Steven A. Barr and Pamela C. Barr**, husband and wife as joint tenants with rights of survivorship, recorded as Document No. 389982, in Book 0696, Page 2342, of Official Records of Douglas County, Nevada, covering the following

described property situated in the County of Douglas, State of Nevada.

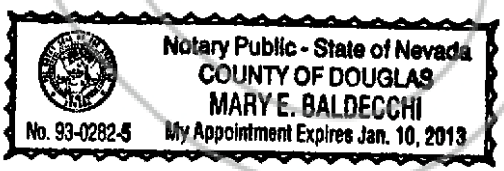
Lot 423, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Per NRS 111.312, this legal description was previously recorded at Document No. 389982, Book 0696, Page 2342, on June 13, 1996.

*Pamela C Barr*  
PAMELA C. BARR

SIGNED AND SWORN TO (or affirmed) before me on August 19, 2009, by PAMELA C. BARR

*Mary E. Baldecchi*  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2009007258**  
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) <b>Steven Alan BARR SR</b>			2. DATE OF DEATH (Mo/Day/Year) <b>May 07, 2009</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify	7a. AGE-Last birthday (Years) <b>51</b>	7b. UNDER 1 YEAR MOS.   DAYS	7c. UNDER 1 DAY HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>February 22, 1958</b>
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
12. SURVIVING SPOUSE (if wife, give maiden name) <b>Pamela FOUGHTY</b>		13. SOCIAL SECURITY NUMBER <b>7121</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Sr. Correctional Officer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Prison</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1352 Patricia Drive</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER - NAME (First Middle Last Suffix) <b>James Alan BARR</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Mary P BRADFORD</b>			
18a. INFORMANT- NAME (Type or Print) <b>PAMELA BARR</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1352 Patricia Drive Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>	20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>			
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) <b>VIJAY MAIYA</b> <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) <b>May 18, 2009</b>		21c. HOUR OF DEATH <b>13:12</b>		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) <b>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>JENELLE BALDWIN</b> <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 22, 2009</b>		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))					Interval between onset and death	
PART I						
(a) <b>Cardiac Arrest</b>					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <b>Acute Myocardial Infarction</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						
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



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BK- 0809  
PG- 4483

VRS-Rev-2008T

273559 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: 05/22/2009

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

*R. D. White*  
**SIGNATURE AUTHENTICATED**

