

DOC # 0750593
09/11/2009 03:41 PM Deputy: KE

OFFICIAL RECORD

Requested By:
FIRST AMERICAN EQUITY LOAN
SERVICES

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0909 PG- 2712 RPTT: 0.00



(for Recorder's use only)

APN # 1320-30-810-014

Recording Requested by:

✓ Name FIRST AMERICAN TITLE INSURANCE
LENDERS ADVANTAGE

Address 1100 Superior Ave., Suite 200

City/State/Zip Cleveland, Ohio 44114

ATTN: FT1120

41049483

Affidavit - Death of Joint Tenant
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed or printed.

Prepared by: Susann Fantozzi
1100 Virginia Drive (GNAC Mortgage, LLC)
Fort Washington, PA 19034



BK- 0909
PG- 2713
09/11/2009

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RECORDING REQUESTED BY
First American Title Insurance Co.

WITNESS MY HAND AND SEAL TO:

6123061 AFFIDAVIT- DEATH OF JOINT TENANT
STATE OF NEVADA
COUNTY OF DOUGLAS

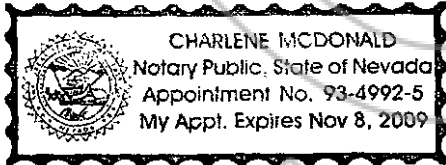
WILLIAM B. EARNHARDT of legal age, being first duly sworn, deposes and says:

That ANN EARNHARDT, the decedent mentioned in the attached certified copy of Death is the same person as ANN EARNHARDT, named as one of the parties in that certain deed dated 07-17-02, executed by White Rabbit Associates, a CALIF partnership WILLIAM B EARNHARDT & ANN EARNHARDT, HUSBAND & WIFE AS JOINT TENANTS recorded in BK 0702, PG 072650 07-23-2002 of Official Records of Douglas County Nevada, covering the following described property situated in the County of Douglas State of Nevada:

William B Earnhardt

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 7th day of August, 2009
WITNESS my hand and official seal.

Charlene McDonald
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

ROLL 115 IMAGE 438

2190

CERTIFICATE OF DEATH

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. Ann EARNHARDT			2. August 14, 2004		3a. Washoe		
	CITY, TOWN OR LOCATION OF DEATH: Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Am. Inpatient (Specify): Inpatient		
DECEDENT	3b. Reno		3c. Washoe Medical Center		3e. Inpatient		4. Female	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify): White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years): 7a. 45		DATE OF BIRTH (Mo., Day, Yr.): January 30, 1959	
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. Massachusetts		9b. U.S.A.		10. 12 Years		11. Married	
	13. 9796		14a. Executive Secretary		14b. Gaming		12. Bill Earnhardt	
PARENTS	15a. Nevada		15b. Douglas		15c. Minden		15d. 1007 Aspen Grove Cir.	
	15e. yes		FATHER—NAME First Middle Last: Richard Johnson		MOTHER—MAIDEN NAME First Middle Last: Barbara Fisher			
DISPOSITION	18a. Bill Earnhardt - Husband			18b. 1007 Aspen Grove Circle, Minden, NV 89423				
	19a. Removal/Burial		19b. Woodbrook Cemetery		19c. Woburn, Massachusetts			
CERTIFIER	20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy. 395, Gardnerville, NV 89410			
	21a. 8/19/04		21c. 1015		22a. <i>[Signature]</i>		22c. AT	
CAUSE OF DEATH	23a. LESIE SMITH, PULMONARY MEDICINE 236 W. 100 RENO NV 89503						23b. 5451	
	24a. <i>[Signature]</i>			24b. August 19, 2004		24c. 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) LIVER FAILURE								
PART II (b) ARDS, hepatic coma								
26. No								
27. No								
28a. 28b.		28c. 28d.		28e. 28f.		28g. 28h.		



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This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: _____ Date: **AUG 31 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



Exhibit "A"

The land referred to in this policy is situated in the **STATE OF NEVADA, COUNTY OF DOUGLAS, CITY OF MINDEN**, and described as follows:

LOT 1, IN BLOCK B, AS SET FORTH ON THE FINAL MAP OF MOUNTAIN GLEN, PHASE I, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 28, 1987, IN BOOK 1287, PAGE 3712, AS DOCUMENT NO. 169542.

APN # 1320-30-812-014

