

OFFICIAL RECORD
Requested By:
ESTHER INFANTE

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-1009 PG- 798 RPTT: 0.00



A.P.N. 1320-29-410-039

When Recorded Mail To:
Esther Infante
1620 Esmeralda Ave
Minden, NV 89423

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That RODOLFO INFANTE, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RUDY INFANTE named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated April 24, 2003, executed by RUDY INFANTE, who acquired title as a married man sole and separate property to RUDY INFANTE AND ESTHER INFANTE, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 0581869 on June 30, 2003 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lots 11 & 12, in Block B, of the WEST ADDITION TO THE TOWN OF MINDEN, as set forth on the Official Map filed in the office of the Recorder of Douglas County, Nevada on April 5, 1995.

Dated: November 5, 2009



ESTHER INFANTE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)


On October 5, 2009 , before me, a notary public, personally appeared Esther Infante ,

personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that

_____ executed the instrument.



Notary Public

 SUSAN LAPIN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No:02-74683-5 - Expires March 21, 2010

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007004228

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

BK- 1009
PG- 799
10/05/2009
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1a. DECEASED-NAME FIRST Rodolfo			1b. MIDDLE INFANTE			1c. LAST INFANTE			2. DATE OF DEATH (Mo/Day/Year) July 09, 2007			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 Medical Center				3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Male			
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 23, 1921		
9a. STATE OF BIRTH (If not U.S.A., name country) Texas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 3		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Esther GONZALES			
13. SOCIAL SECURITY NUMBER [REDACTED] 2150				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Cement Mason				14b. KIND OF BUSINESS OR INDUSTRY Construction						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1620 Esmeralda Avenue			15e. INSIDE CITY LIMITS (Specify Yes/No) Yes		
16. FATHER - NAME (First Middle Last - Suffix) Filomeno INFANTE						17. MOTHER - NAME (First Middle Last Suffix) Ildenfonsa GARCIA								
18a. INFORMANT - NAME (Type or Print) Esther INFANTE						18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 1620 Esmeralda Avenue Minden, Nevada 89423								
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						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				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														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARK THOMAS BRUNE 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) July 11, 2007			21c. HOUR OF DEATH 12:07			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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) Mark Thomas Brune M.D., 1701 County Road #H Minden, NV 89423										23b. LICENSE NUMBER 7134				
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 13, 2007			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 (a) Hypoxia, Cachexia DUE TO, OR AS A CONSEQUENCE OF: (b) Pulmonary Cancer DUE TO, OR AS A CONSEQUENCE OF: (c) Tobacco Abuse														
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I										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

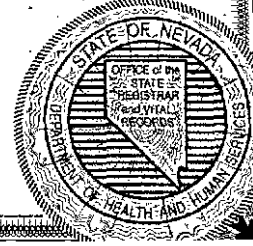
156865 CERTIFIED COPY OF VITAL RECORDS

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: 07/17/2007

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

[Signature]
SIGNATURE AUTHENTICATED



VRS-Rev.