

18

DOC # 0752306
10/16/2009 10:15 AM Deputy: SD
OFFICIAL RECORD
Requested By:
MCDONALD CARANO WILSON

APN: 1318-10-415-011

Recording Requested By:
Matthew A. Gray, Esq.
P. O. Box 2670
Reno, NV 89505

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: 18.00
BK-1009 PG- 3161 RPTT: 0.00



When Recorded Mail To:
Matthew A. Gray, Esq.
P.O. Box 2670
Reno, NV 89505

Mail Future Tax Statements To:
Robert Dale Head
P.O. Box 643
Zephyr Cove, NV 89448

COVER PAGE TO
AFFIDAVIT OF DEATH OF SURVIVING JOINT TENANT

THIS AFFIDAVIT OF DEATH OF SURVIVING JOINT TENANT IS BEING RE-RECORDED TO CORRECT RECORDED DOCUMENT #0715010 WHICH WAS ERRONEOUSLY RECORDED WITHOUT EXHIBIT "A" ATTACHED.

AFFIRMATION STATEMENT:

The undersigned hereby affirms that the attached document, including any exhibits, hereby submitted for recording DOES contain the social security number of a person or persons as required by NRS 111.365.

Date: October 15, 2009

By:

Nancy Hudson, an Employee of
McDonald Carano Wilson LLP

DOC # 0751010
09/22/2009 09:34 AM Deputy: GB
OFFICIAL RECORD
Requested By:
MCDONALD CARANO WILSON

APN: 1318-10-415-011

Recording Requested By:
Matthew A. Gray, Esq.
P. O. Box 2670
Reno, NV 89505

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Page: 1 Of 3 Fee: 16.00
BK-0909 PG- 4305 RPTT: 0.00

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COVER PAGE TO
AFFIDAVIT OF DEATH OF SURVIVING JOINT TENANT

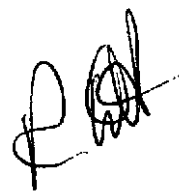
AFFIRMATION STATEMENT:

The undersigned hereby affirms that the attached document, including any exhibits, hereby submitted for recording DOES contain the social security number of a person or persons as required by NRS 111.365.

Date: September 16, 2009

By: _____

Nancy Hudson, an Employee of
McDonald Carano Wilson LLP



APN: 1318-10-415-011

AFFIDAVIT OF DEATH BY SURVIVING JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

ROBERT DALE HEAD, being first duly sworn, upon oath deposes and says:

1. Affiant is over the age of twenty-one years, legally competent and possessed of his rights.

2. JANE SHALLCROSS (the "decedent"), named in the certified copy of the Certificate of Death attached hereto as EXHIBIT "A" and incorporated herein and made a part hereof by this reference, was the same person as JANE SHALLCROSS, named as one of the parties in that certain Grant, Bargain, Sale Deed (the "Deed") recorded on or about November 30, 1999, as Document No. 0481705, executed by "Robert Dale Head and Jane Shallcross, Husband and Wife as Joint Tenants" relating to that certain real property situate in the County of Douglas, State of Nevada, commonly known as 672 Riven Rock Road, Zephyr Cove, Douglas County, Nevada, and more fully described as follows:

LOT 11, BLOCK B, AS SHOWN ON THE MAP OF ZEPHYR HEIGHTS NO. 4 SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 7, 1955, AS DOCUMENT NO. 10441.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.



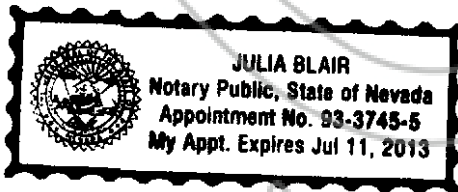
3. Affiant, ROBERT DALE HEAD, knows of his own knowledge, and hereby states the fact to be that JANE SHALLCROSS, died in the City of South Lake Tahoe, County of El Dorado, State of Nevada, on July 8, 2009, and, further, that at the time of her death, said JANE SHALLCROSS, was the co-holder, together with Affiant, as Joint Tenants, of the real property described in the aforesaid Deed, and that the said decedent had not prior to the time of death conveyed or transferred her interest in said real property.

DATED: This 16 day of September, 2009.

Robert Dale Head
ROBERT DALE HEAD

Subscribed and sworn to before me this this 16th day of September, 2009.

Julia Blair
NOTARY PUBLIC
State of Nevada
County of Douglas



RDA

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200909000537

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Surname)	
JANE		SHALLCROSS	
2. MIDDLE			
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH		5. AGE Yrs	
03/02/1953		56	
6. SEX		7. UNDER ONE YEAR	
F		Months Days Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
NY		[REDACTED] 8423	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Type (See worksheet on back)		14. DATE OF DEATH	
BACHELOR		07/08/2009	
14-15. WAS DECEDENT HISPANIC/LATINO/AMERICAN? (If yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 codes may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
NURSE		MEDICINE	
19. YEARS IN OCCUPATION		30	
20. DECEDENT'S RESIDENCE (Street and number or location)			
672 RIVEN ROCK ROAD			
21. CITY			
ZEPHYR COVE			
22. COUNTY/PROVINCE		23. ZIP CODE	
DOUGLAS		89448	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
10		NV	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
ROBERT HEAD, HUSBAND		PO BOX 643, ZEPHYR COVE, NV 89448	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
ROBERT		DALE	
30. LAST (Surname)		31. NAME OF FATHER - FIRST	
HEAD		CHARLES	
32. MIDDLE		33. LAST	
		SHALLCROSS	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
UNKNOWN		KATHLEEN	
36. BIRTH STATE		37. LAST (Surname)	
UNKNOWN		SHALLCROSS	
38. DEPOSITION DATE		39. PLACE OF FINAL DISPOSITION	
07/17/2009		AT SEA OFF THE COAST OF SAN FRANCISCO COUNTY	
40. TYPE OF DISPOSITION		41. SIGNATURE OF EMBALMER	
CR/SEA		NOT EMBALMED	
42. LICENSE NUMBER		43. NAME OF FUNERAL ESTABLISHMENT	
		MC FARLANE MORTUARY INC	
44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
FD1180		DEAN KELAITA, MD	
46. DATE		47. DATE	
07/13/2009		07/13/2009	
48. PLACE OF DEATH			
BARTON MEMORIAL HOSPITAL			
49. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> HOME <input type="checkbox"/> ETC <input type="checkbox"/> DCA <input type="checkbox"/> MEDICAL <input type="checkbox"/> NURSING HOME/ALTC <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER			
104. COUNTY			
EL DORADO			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
2170 SOUTH AVENUE		SO. LAKE TAHOE	
107. CAUSE OF DEATH			
Enter the cause of events - disease, trauma, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrosion without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER (Check one)	
A. CARDIOPULMONARY ARREST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
B. END STAGE LIVER DISEASE		109. DEATH REPORTED TO CORONER (Check one)	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
[Signature] LEIGH WAYNE MILLER M.D.		A96306	
117. DATE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
07/09/2009		LEIGH WAYNE MILLER M.D. 2450 COUGAR TRAIL, SOUTH LAKE TAHOE, CA 96150	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
120. INJURED AT WORK?		121. INJURY DATE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[Signature]		Dean M. Kelaita, MD	
127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
08/03/2009		Dean M. Kelaita, MD	
STATE REGISTRAR			
A B C D E			
FAX AUTH. #		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.



DATE ISSUED 08/03/2009

This copy is not valid unless prepared on an engraved border displaying the date, seal, and signature of the County Health Officer.

