

APN# 1420-29-711-020

DOC # **0756558**
01/04/2010 01:11 PM Deputy: KE
OFFICIAL RECORD
Requested By:
MAUPIN COX & LEGOY

Recording Requested by:

Name: Maupin, Cox & LeGoy
Address: 4785 Caughlin Parkway
City/State/Zip: Reno, NV 89519

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0110 PG-0208 RPTT: 0.00



When Recorded Mail to:

Name: Donald A. Feeley, Trustee
Address: 2863 Sierra Manor Drive
City/State/Zip: Minden, NV 89423

(for Recorder's use only)

Mail Tax Statement to:

Name: Donald A. Feeley, Trustee
Address: 2863 Sierra Manor Drive
City/State/Zip: Minden, NV 89423

AFFIDAVIT OF SURVIVING JOINT TENANT
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: 440.380(1)(A) & 40.525.(5)
(State specific law)

Melissa Dooley Johnson
Signature

Attorney
Title

Melissa Dooley Johnson, Esq.

Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN 1420-29-711-020

Recordation requested by:
Maupin, Cox & LeGoy

After recordation, return Affidavit
and mail future property tax statements
to the following address:

Donald A. Feeley, Trustee
The D&J Feeley Family Trust
(Survivor's Trust)
2863 Sierra Manor Drive
Minden, Nevada 89423

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF CARSON)

Donald A. Feeley, an unmarried man, of Minden, Douglas County, Nevada, being first duly sworn, does hereby swear under penalties of perjury that the following statements are true:

1. He is the husband of Judith K. Feeley, deceased.
2. Judith K. Feeley predeceased Donald A. Feeley. A certified copy of the death certificate of Judith K. Feeley is attached to this Affidavit.
3. Donald A. Feeley and Judith K. Feeley acquired legal title as community property with rights of survivorship to the real property described in paragraph 4. below, by a Joint Tenancy Deed dated August 23, 1995, recorded August 28, 1995, as Document No. 369263, of Official Records of Douglas County, Nevada.
4. The real property conveyed by the Deed described in paragraph 3. above is all the right, title and interest to residential real property located in Douglas County, Nevada and more particularly described as follows:

Lot 28, Block F, of SARATOGA SPRINGS ESTATES, UNIT 1, as shown on the Official Map recorded in the Office of the County Recorder on June 16, 1990, in Book 690, Page 525, as Document No. 227472.

A.P.N. 1420-29-711-020 (previous APN 0000-21-360-100).

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

5. Donald A. Feeley is the same person referred to in the Deed described in paragraph 3. above. He is the surviving joint tenant of the real property described in paragraph 4. above, and legal title to the real property is now vested solely in the name of Donald A. Feeley.

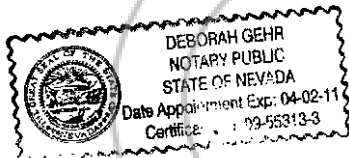
Dated this 31st day of December, 2009.

Donald A. Feeley
Donald A. Feeley

STATE OF NEVADA)
 Carson) ss.
COUNTY OF DOUGLAS)

This Affidavit of Surviving Joint Tenant was acknowledged before me on December 31, 2009 by Donald A. Feeley.

Deborah Gehr
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2008008431

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Judith Klein FEELEY		2. DATE OF DEATH (Mo/Day/Year) May 23, 2008		3a. COUNTY OF DEATH Washoe										
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Female								
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1935				
	9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donald FEELEY						
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 2812		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner/operator			14b. KIND OF BUSINESS OR INDUSTRY Laboratory Diagnostic Supplies			Ever in US Armed Forces? No						
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2863 Sierra Manor Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Bernard KLEIN				17. MOTHER - NAME (First Middle Last Suffix) Helen COHEN										
	18a. INFORMANT - NAME (Type or Print) Donald FEELEY				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2863 Sierra Manor Drive Minden, Nevada 89423										
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park...			19c. LOCATION City or Town State Minden Nevada 89423									
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701										
TRADE CALL	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) DAVID CARL LEPLA 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) May 29, 2008			21c. HOUR OF DEATH 14:24		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) David Carl Leppla M.D. 85 Kimman Ave., Suite 202 Reno, NV/89502											23b. LICENSE NUMBER 11236			
REGISTRAR	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2008			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	PART I														
	(a) Respiratory failure													Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:													Interval between onset and death	
	(b) Brain stem herniation													Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:													Interval between onset and death		
(c) Acute right middle cerebral artery stroke													Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:													Interval between onset and death		
(d)															
PART II															
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

548030
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PG- 211

VRS-Rev-2008T

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.

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED: 06/04/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE