A.P.N. 1220-24-302-006 Escrow No.: DO-2090892-TA

1092904

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Elizabeth F. Hays

1681 Mackland Ave.

Minden, NV 89423

DOC # 760659
03/24/2010 08:33AM Deputy: DW
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-310 PG-5135 RPTT: 0.00

THIS SPACE FOR RECORDER'S USE ONLY

## AFFIDAVIT - DEATH OF A JOINT TENANT

Elizabeth F. Hays, of legal age, being duly sworn, deposes and says

That Emmitt K. Hays, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Emmitt K. Hays named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 21, 2003, executed by Alva D. Kangas to Emmitt K. Hays and Elizabeth F. Hays, husband and wife as joint tenants with right of survivorship as joint tenants, recorded as Instrument No. 0588160, on August 28, 2003, in Book 0803, Page 16183, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Being a portion of the Northwest 1/4 of the Southwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B. & M., further described as follows:

Lot 2 of Parcel Map for Harold Long, filed in the Office of the Douglas County Recorder on June 18, 1975, in Book 676 at page 527, as Document No. 00940, Official Records of Douglas County, Nevada.

Dated: March 9, 2010

linskethe

Elizabeth F. Hays

STATE OF NEVADA

SS.

**COUNTY OF DOUGLAS** 

NOTARY PUBLIC STATE OF NEVADA County of Douglas WENDY DUNBAR My Appointment Expires Dec. 16, 2010

On March 9, 2010 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Elizabeth F. Hays known to me to be the person whose name is subscribed to the within

Signature

Notary Public

instrument and acknowledge that she executed the same.

## STATE OF NEVADA CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** 

**DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH** 

2009007972	72	y	1	U	U	y	U	U	2
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STATE FILE NUMBER

PRINT IN	1a. DECEASED-NAME (FIRST	,MIDDLE,LAST,SUF	FIX)			2. DATE	OF DEATH	(Mo/Day/Y	ear)	a. COUNTY	OF DEAT	н
PERMANENT	Emmitt K	HAYS			April 17, 2009				Douglas			
BLACK INK	3b. CITY, TOWN, OR LOCATIO	N OF DEATH 3c. H	OSPITAL OR OTHER	INSTITUTION -No	ame(If not either,	give street	3e.lf Hosp	or Inst. ind	cate DO	OP/Emer. F	tm. 4.5	SEX
` '	Gardnerville	end r	iumber)	1833 Long Co			Inpatient(S	ipecify)	Home	\	i	Male
DECEDENT	5. RACE White		6. Hispanic Origin		a. AGE-Last	(7b. UND	ER 1 YEAR	IZc. UNDE	R1 DAY	8. DATE OF	BIRTH (M	
	(Specify)	,	No - Non-Hispa	anic b	irthday (Years)	MOS	DAYS	HOURS	MINS	1	mber 10	H
<i>j</i> .		O. IO. OITIZE	TI OF WILLT COUNT	DVI40 EDUCATIO	7:		I DIED WII	OWED	12 6110			
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (if not U.S.A., 9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife name country) California United States 14 DIVORCED (Specify) Married meiden name) Francis K											
INSTITUTION SEE HANDBOOK	13. SOCIAL SECURITY NUMBER		AL OCCUPATION (Giv				100000000000000000000000000000000000000	ISINESS OF	TRUDIUS	- 1 lb	Ever in U	
REGARDING	-3475		fe, Even If Retired)	Stunt Ma	_			otion Pic	. 1	1	Forces?	
COMPLETION OF RESIDENCE	15a. RESIDENCE - STATE	15b. COUNTY	I15c CIT	Y. TOWN OR LOC		5d. STREET A			turos		15e. INSID	E CITY
ITEMS	Į.					833 Long	100000	-		- N	LIMITS (Sp or No)	Pecify Yos H
<del></del>	Nevada	Dougla	IS .	Gardnervill		R-NAME (F	, ,	Lact Sur	Gu)		100	103
PARENTS	16. FATHER - NAME (First MI	James WHI	TAKER		To mother	nz - nastair (t.		Eona B		7		·
	18a, INFORMANT- NAME (Typ			b. MAILING ADDR	COS (Street o	r R.F.D. No, C	76			_	-	
,				D. HICKLING ADDIN		ong Court				9410	N.,	
	19a. BURIAL, CREMATION, RE			RY OR CREMATO						City or Toy	vn State	
DISPOSITION	Donat		, , , , , , , , , , , , , , , , , , ,		col Of Medic	cine \	- \			no Nevada	76.	
	20a. FUNERAL DIRECTOR - S		en Actino as Such)	20b. FUNERAL		NAME AND A	DDRESS C	F FACILITY				$\overline{}$
		KE HOWE	,	DIRECTOR LICE	NSE		Walt	on's Fun	eral Ho	me, Reno	ı	
	SIGNA	TURE AUTHENT	CATED	622	7		875 We	st Second	St Ren	o NV 89	503	
TRADE CALL	TRADE ÇALL - NAME AND AD	DRESS			1							
	출 및 21a. To the best of my k	nowledge, death occ	urred at the time, date	and place and	合 <sub>以</sub> 22a. O	n the basis of e, date and pl						occurred at
	due to the cause(s) state	eg. (Signature & Inte THY OI FUN	GENTNER M	Jimen Ricated Lin.	BE Menu	e, date and pi	ace and ou	e to the car	15E(5) 5181	eu. (Signatu	e or title)	Ē
CERTIFIER	21b. DATE SIGNED (M		21c. HOUR OF DEAT		the time 22b. C	ATE SIGNED	(Mo/Day/)	(5)	22c. l	OUR OF D	EATH	
02	්රි ≌ June 01, 2009 ්		12:2	25	S #	<	<u> </u>					
	21d. NAME OF ATTEND C UType or Print)	DING PHYSICIAN IF	OTHER THAN CERT	IFIER <	the time to the ti	PRONOUNCE	D DEÀD (N	lo/Day/Yr)	22e.	PRONOUNC	ED DEAD	AT (Hour)
				<u> </u>	. [		1		l la	·	. N. W. 4D.F.D.	
	23a. NAME AND ADDRESS OF	CERTIFIER (PHYS	CIAN, ATTENDING P CO N Mountain S	rhysician, medic it Carson City,	NV 89703	OR CORONE	:R) (Type o	r Pnnt)		Bb. LICENSE	7494	
REGISTRAR	24a. REGISTRAR (Signature)	SUS	SIE DEVERE		4b. DATE RECE	75.		24c. E		IE TO COM		E DISEASE
REGISTRAN	/ /	SIGNATUR	E AUTHENTICATE	ib \ \(\frac{1}{2}\)	Mo/Day/Yr)	June 03,	2009	//	YES		NO X	
CAUSE OF	25. IMMEDIATE CAUSE		NE CAUSE PER LINE	E FOR (a), (b), AN	D (c).)		100	-	-	Interval be	ween onse	t and death
DEATH	PART I (a) Lung Ca	ncer			1 1							
\	DUE TO, OR	AS A CONSEQUEN	CE OF:						-	interval be	ween onse	et and death
CONDITIONS IF	(b)	/ /			1 1				i			
ANY WHICH GAVE RISE TO	DUE TO, OR	AS A CONSEQUEN	CE OF:			,			1	Interval be	tween onse	et and death
IMMEDIATE CAUSE ->	(c)	_ \ \ \ \ \ \							- !			
STATING THE UNDERLYING	DUE TO, OR	AS A CONSEQUEN	CE OF:		7 7	***	•		- !.	interval be	tween onse	et and death
CAUSE LAST	(d)(	- N	The same of the sa			1.1.110			i			
	PART II		who we have the	مس الإشقاد البالة	cal or or alch	سره ساميم			B. AUTOF	SY 2	7. WAS CASI O CORONER	E REFERRED R (Specify Yes
[ / /	<b>]</b> .	74			ga - 1			100	Specify Ye	No e	r No)	Yes
[ ] /	28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	28b. DATE OF INJU	RY (Mo/Dsy/Yr)	28c. HOUR OF INJUR	Y 28d. DESCR	IBE HOW INJUI	RY OCCURR	ED			,,	
	ON FEMALING INVEST. (Openly)											
	28e. INJURY AT WORK (Speci		NJURY- At home, fam	n, street, factory, of	ffice 28g. LOC	ATION :	STREET O	R R.F.D. No	o. CIT	Y OR TOWN	1	STATE
	Yes or No)	building, etc. (Sp	5013)			•						
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	N	J.	/			1 188111				2 03/2		

VRS-Ray-20090602



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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:

JUL 2 1 2009

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

