

The undersigned hereby affirms that this document submitted for recording does contain a social security number as required by NRS 440.380.

Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 3 Fee: 16.00
 BK-0310 PG- 6373 RPTT: 0.00

A.P.N. 1220-21-510-126

When Recorded Return to:
 Scott J. Heaton, Esq.
 Post Office Box 605
 Carson City, Nevada 89702



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
 CARSON CITY)

I, JEAN CHRISTINE ST. LEGER-BARTER, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

1. That GERALD ST. LEGER-BARTER died on the 9th day of February, 2010 in Carson City, State of Nevada, and that a copy of his death certificate is attached hereto as Exhibit "A".

2. That at the date of his death the said GERALD ST. LEGER-BARTER was an owner in joint tenancy with JEAN CHRISTINE ST. LEGER-BARTER of certain property situate in the County of Douglas, State of Nevada, and particularly described as follows, to wit:

LOT 174 MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY NEVADA, ON MAY 29, 1973 IN BOOK 573, PAGE 1028 AS FILE NO. 6612.

as evidenced by a Deed Upon Death dated April 17, 2009 recorded on April 17, 2009 as Document Number 0741580.

3. That upon the death of the said GERALD ST. LEGER-BARTER, the said JEAN CHRISTINE ST. LEGER-BARTER became the

sole owner of the above-described property as her sole and separate property.

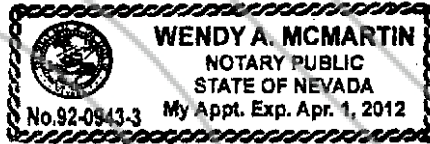
DATED this 17 day of March, 2010.

Jean Christine St. Leger Barter
JEAN CHRISTINE ST. LEGER-BARTER

STATE OF NEVADA)
) ss.
CARSON CITY)

On this 17th day of March, 2010, personally appeared before me, a Notary Public, JEAN CHRISTINE ST. LEGER-BARTER, who acknowledged that she executed the within instrument.

Wendy A. McMartin
Notary Public



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2010001962
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gerald ST LEGER-BARTER		2. DATE OF DEATH (Mo/Day/Year) February 09, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 02, 1930		9a. STATE OF BIRTH (if not U.S.A. name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16+		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Jean Christine MILLER	
13. SOCIAL SECURITY NUMBER 2973		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1005 Carefree Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First-Middle-Last Suffix) Edgar Henry Stanley ST LEGER-BARTER.			17. MOTHER - NAME (First-Middle-Last Suffix) Phyllis SPENCER		
18a. INFORMANT - NAME (Type or Print) Jean Christine ST LEGER-BARTER			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 1981 Carson City, Nevada 89702		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) WILLIAM LEAHY SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 810		20c. NAME AND ADDRESS OF FACILITY Washoe Memorial Cremation and Burial 5401 Longley Lane #11 Reno NV 89511	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JEFFREY BASA M.D.		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) February 12, 2010		21c. HOUR OF DEATH 22:22	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH	
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jeffrey Basa M.D. 2874 N. Carson Street, Ste 200 Carson City, NV 89706		23b. LICENSE NUMBER 8079	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2010	
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		Interval between onset and death	
(a) Atrial Fibrillation			
(b) Pneumonia			
(c) Pneumonia			
(d)			
PART II		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



**BK- 0310
PG- 6375
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VRS-Rev-20080502

315502 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: **02/16/2010**

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

