

OFFICIAL RECORD

Requested By:
MELVIN LINDSEY

A.P.N. 1420-28-311-051

When Recorded Mail To:
Melvin L. Lindsey
2852 La Mirada Court
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0510 PG- 2045 RPTT: 0.00



AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Theresa Ethel Lindsey, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Theresa E. Lindsey named as one of the parties in that certain Grant, Bargain And Sale Deed dated September 14, 2006, executed by Vasdev Choudhry and Shalini Choudhry, husband and wife to Theresa E. Lindsey and Melvin L. Lindsey, wife and husband, as Joint Tenants, recorded as Instrument No. 0699987 on April 27, 2007 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas County, State of Nevada.

Lot 119, Block G, as shown on the final Map # PD99-02-05 for Saratoga Springs Estates Unit 5, a Planned Development, recorded in the office of the County Recorder of Douglas County, Douglas County, Nevada on May 4, 2001, in Book 0501, at Page 1402 as Document No. 518483, and further certificate of Amendment recorded July 17, 2001, as Document No. 518483

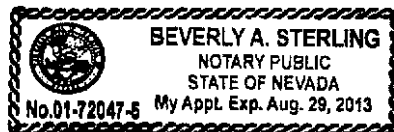
Dated: May 12, 2010

Melvin L. Lindsey
Melvin L. Lindsey

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On May 12, 2010, before me, a notary public, personally appeared **Melvin L. Lindsey**, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.

Beverly A. Sterling
Notary Public



CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH**

State File No. 102-2010-006341

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) THERESA ETHEL LINDSEY			2. AKA'S (IF ANY)			3. DATE OF DEATH JANUARY 31, 2010			
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER 7081	6. DATE OF BIRTH 04-02-1944	7. AGE 65	8. MONTHS		9. DAYS		10. HOURS	11. MINUTES
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER						
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) 49688 RAINBOW WAY			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH QUARTZSITE 85346			16. COUNTY OF DEATH LA PAZ			
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) TAYLOR CENTER, MICHIGAN			18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) MARVIN LEE LINDSEY				
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS 49688 RAINBOW WAY,			21. CITY AND COUNTY QUARTZSITE, LA PAZ		22. STATE ARIZONA	23. ZIP CODE 85346	24. EVER IN THE U.S. ARMED FORCES? NO		
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN			27. IF AMERICAN INDIAN, OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:			
28. OCCUPATION PERSONNEL DIRECTOR			29. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) LUCY UNKNOWN VAN WHALEN-BOOMCAMP						
29. FATHER'S NAME (FIRST, MIDDLE, LAST) GEORGE UNKNOWN GERDAU			30. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) LUCY UNKNOWN VAN WHALEN-BOOMCAMP		31. INFORMANT'S NAME MARVIN LEE LINDSEY				
32. RELATIONSHIP SPOUSE			33. INFORMANT'S MAILING ADDRESS PO BOX 5062, QUARTZSITE, ARIZONA 85359						
34. NAME AND ADDRESS OF FUNERAL FACILITY PARKER FUNERAL HOME 1704 OCOTILLO PARKER, AZ			35. FUNERAL DIRECTOR MICHAEL H GAULT, FUNERAL DIRECTOR		36. LICENSE NUMBER F1210				
37. METHOD(S) OF DISPOSITION CREMATION			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY PARKER FUNERAL HOME, PARKER, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE			
MEDICAL CERTIFICATION SECTION									
CAUSE OF DEATH PART A									
40. A. IMMEDIATE CAUSE OF DEATH LUNG CANCER	41. APPROXIMATE INTERVAL UNKNOWN								
42. B. DUE TO OR AS A CONSEQUENCE OF: WITH BRAIN METASTASES	43. APPROXIMATE INTERVAL UNKNOWN								
44. C. DUE TO OR AS A CONSEQUENCE OF:	45. APPROXIMATE INTERVAL								
46. D. DUE TO OR AS A CONSEQUENCE OF:	47. APPROXIMATE INTERVAL								
CAUSE OF DEATH PART B									
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE				49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 1814		
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
CAUSE AND MANNER OF DEATH CERTIFICATION									
57. CERTIFYING PHYSICIAN/NURSE PRACTITIONER - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH MOHAMMAD A. KAZMI, M.D.				56. DATE CERTIFIED 02-01-2010	
57. CERTIFIER'S ADDRESS 150 RIVIERA DR LAKE HAVASU CITY, AZ 86403-5735				58. NAME OF REGISTRAR PATRICIA ADAMS				59. DATE REGISTERED 03-01-2010	

Date Issued: 03-02-2011



BK- 0510
PG- 2046
05/12/2010

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This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT