6

RECORDING REQUESTED BY: New Millennium Title

AND WHEN RECORDED WAIL TO:

Stacy B Harrison 702 Hornet Dr Gardnerville, NV 89460

RETURN TO: New Millernium Title Group Recording Department 3850 Royal svenue Simi Valley, CA 93063 \2-51686 DOC # 0766601 07/07/2010 11:15 AM Deputy: DW

OFFICIAL RECORD
Requested By:

NEW MILLENIUM TITLE GROUP

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00 BK-0710 PG-1157 RPTT: 0.00



Escrow No.: 12-00139698

APN: 1220-21-610-141

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT By Surviving Spouse

STATE OF	Nevada)	
COUNTY OF _	Douglas) S:)	S

STACY B HARRISON, AS SOLE SURVIVOR OF JOINT TENANCY, of legal age, being first duly sworn, deposes and says:

- 1. DON L HARRISON, is the decedent mentioned in the attached certified copy of Certificate of Death, who died on <u>April 20, 2008</u>, at <u>702 Hornel Dr</u> (insert place of death).
- 2. I am the surviving spouse of Decedent and was married to Decedent on the date of death.
- 3. Decedent and I are the same persons who are named as grantees in that certain deed dated JULY 20,1992, executed by MIKE W BRIGGS AND CAROL L BRIGGS, HUSBAND AND WIFE to DON L HARRISON AND STACY B HARRISON, HUSBAND AND WIFE, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, AND NOT AS TENANTS IN COMMON, recorded on JULY 31,1992, as Instrument No. 792/5907, Official Records of DOUGLAS County, NEVADA, describing the following real property:

702 HORNET DR., GARDNERVILLE, NV 89460

Legal Descriptions: All that certain property situated in the county of DOUGLAS, and State of NEVADA, being described as follows: and being more fully described in a deed dated 07/20/1992, and recorded 07/31/1992, among the land records of the county and state set forth above, in 792/5907

Dated: 05/04/10

STACY BHARRISON

Subscribed and sworn to (or affirmed) before me on this

4th day of May

, *2010* , by

proved to not on the basis of satisfactory evidence to be the person(s) who appeared before me.

Not Ap My

CHARLENE MCDONALD Notary Public, State of Nevada Appointment No. 93-4992-5 My Appt. Expires Nov 8, 2013

Signature Chu Om Mc Drundel

(This area for notary stamp)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008013625

TYPE OR	·		STATE FILE NUMBER												
PRINT IN	te. DECEASED-NAME (FIRST,	DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH													
PERMANENT BLACK INK	Donald Lee			April 20,	2008	1	Douglas								
	3b. CITY, TOWN, OR LOCATION	OF DEATH 3	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give			her, give	street 3e.lf Hosp, or Inst. indicate Di								
DECEDENT	Gardnerville	· aı	nd number)	Carson Val	lley Medic	al Center			Inpatiènt(Sp	ectly)	Inpatien	t		Male	
DECEDENT	5. RACE White			anic Origin? Sp		a. AGE-Last						8. DATE O	F,BIRTH (Mo/Day/Yr)	
	(Specify)	`	No-1	Von-Hispanic	, 1	oirthday (Yea		MOS		HOURS		N.	gust 19,		
IF DEATH	9a. STATE OF BIRTH (If not U.S	А, 195. СП	IZEN OF WHA	T COUNTRY 1	0.EDUCATIO	N 11. MARE	IED, NEV	/ER MAR	RIED, WID	OWED	12. SU	30.			
OCCURRED IN	name country) California		United Sta		12	DIVORCE			Marrie						
	13. SOCIAL SECURITY NUMBER	d of Work Do	d of Work Done During Most of 14b, KIND OF BUSIN												
COMPLETION OF	-9913	Workin	g Life, Even if f	Retired)	Manag	er			We	elding	Supply .	1	Forces?		
RÉSIDENCE ITEMS	15a. RESIDENCE - STATE	5b. COUNTY		15c. CITY, TO	WN OR LO	CATION	15d. ST	REET A	ND NUMBE			1		IDE CITY Specify Yes	
>	Nevada	Dou	glas	6	ardnervill	le	702 H	-lomet I	Dr.	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow		- N.	or No)	Yes	
PARENTS	16. FATHER - NAME (First Midd	lle Last Suffix	()						rst Middle	Last S	uffix)		N		
· W/F1419		uel Dean H	IARRISON	1 m 3/ 4/2 "	 M			7	Virginia Lee MOOSE						
	18a. INFORMANT- NAME (Type		4.0	18b. MA	ILING ADDR		et or R.F.	D. Ņo, Ci	ty or Town,	State, Z	ip)	1	- 1	l.	
		HARRISON		<u>`. ' </u>			2 Hom	et Dr Ç	ardnervi	lle, Ne	vada 894	160	la.	N	
DISPOSITION	19a. BURIAL, CREMATION, REA		(Specify) 19b.	CEMETERY O	R CREMATO	RY NAME		, y , X	A.	19c. LC	CATION	City or To	wn Sta	te	
	Cremati	423 7	<u> </u>	·		Sierra Cn	emator	у 🔪 🐪		1	Carsor	n City Nev	vada 89	706	
	20a. FUNERAL DIRECTOR - SIG		erson Acting as	Such) 20b.	FUNERAL	1 1 2	Oo, NAME		ORESS OF					V	
٠ ا		K NOEL	逐步运。		ECTOR LICE 620	NSE		. 1,				ity Mortua			
TRADE CALL	SIGNAT TRADE CALL - NAME AND ADD	URE AUTHEN	TICATED		020;		17 17 19 17 19 19 19 19 19 19 19 19 19 19 19 19 19	1	14/8 40	n Street	Minden	NV , 894	23		
INADE CALL	S		angueros et the	stemp defense and	1	1	, ,	کُ راگام د منا علم معا	1	<i>₹</i> ,					
	21a. To the best of my kno due to the cause(s) stated	wiedge, death (. ,(Signature & 1	jitle)	ume, date and d	DIRCE and							ı, in my opin ed. (Signatu		occurred at	
	8 ⊁		Ţ,	527	<u> </u>	를 를 기 를	SSE	MCKC	NE	1,11	9	IGNATUR	E AUTH	ENTICATED	
CERTIFIER	21b. DATE SIGNED (MON	Day/Yr)***	21c. HOUR	OF DEATH		Completed FERS OFFICE			Mo/Day/Yr)		22c. l	OUR OF D			
	B 21d NAME OF ATTENDU	and the second second	IC OTHER TO			_ la 5			29, 2008		na -		15:19	AT (1)	
	M	NG PHYSICIAN	IF OTHER THA	AN CERTIFIER	The same of	E 6 22	W	7%	DEAD (Mo 20, 2008	7 (· 226. F	PRONOUNC ,	ED DEAD 15:19	AI (HOUT) '	
Ì	238. NAME AND ADDRESS OF C	ERTIFIER (PH	YSICIAN ATTE	NDING PHYSI	CIAN MEDIC	AI EXAMINE					, 122	b. LICENSE		<u> </u>	
		Deputy,Je	èse McKo	ne, P.O. B	ox 218.Mi	inden, NV	89423	PINOTER	Wilhe h.	and 1s	<i>j</i> ²³	D. LIGHTE	301		
REGISTRAR	24a.REGISTRAR (Signature) 🎵		RANI RE		; 2	4b. DATE RE	CEIVED	BY REGI	STRAR	240	DEATH DU	Е ТО СОМ	MUNICABI	E DISEASE	
			JRE AUTHER		- 0	Mo/Day/Yr) 🦫	Septer	mber 0	4, 2008	- 1	YES		NO 🛛		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONL)	ONE CAUSE	PER LINE FOR	(a), (b), AND) (c):) ===================================	(1) S				1	Interval be	ano neewl	et and death	
DEATH	PARTI (a) Hypertens	ive Cardi	ovascular	Disease	1		•F• ~ 25	· <u>-</u>	17.	$g_{(r)}$;				
	DUE TO, OR AS	A CONSEQUE	NCE OF:	и				× .	17 30	. 7		Interval bet	lween ons	et and death	
CONDITIONS IF ANY WHICH	(b)	144	J. 12. 1	ا الأواج ال <mark>وا</mark>				() ·	(.,	!	ľ		1 \	
GAVE RISE TO	DUE TO, OR AS	A CONSEQUE	NCE OF:	17.2 T 5.26		:		10	100/		<u> </u>	Interval bet	ween ons	et and death	
IMMEDIATE CAUSE ->	. (c)		N. 125	وي العربي في المحر	ارز المستان المانيان	1 1	· • • • • • • • • • • • • • • • • • • •	/ -	100	•	•			•	
STATING THE UNDERLYING	DUE TO, OR AS	A CONSEQUE	NCE OF:			or the				***	 -	Interval be	tween ons	et and death	
CAUSE LAST	(d)	25				The state of the s	•	· 30			;			•	
	PART II	19	1 350			1	14.		-		26. AUTOP		7. WAS CA	SE REFERRED	
1 /	•	/ .	The Road of the Lot of	S. J. J. S.						į.	Specify Ye	sorNo)	O CORONE r No)	R (Specify Yes Yes	
/ /	28a. ACC., SUICIDE, HOM., UNDET.	28b. DATE OF IN	JURY (Mo/Day/Yr) 28c, HO	UR OF INJURY	/ 28d. DES	CRIBE HO	W INJURY	OCCURRED					1 69	
1	OR PENDING INVEST. (Specify)	1					. ,								
	28e. INJURY AT WORK (Specify	28f. PLACE OF	INJURY- At h	ome, farm, stree	t, factory, off	ice 28g. LC	CATION	ST	REET OR I	R.F.D. N	o. CITY	OR TOWN		STATE	
.\ \	Yes or No)	building, etc. (8	Specify)		-				-		•				
54		 	1->-	•	OTATE :	PECIPIE	AD.				··· -··				
		•	1 . 1		SIAIE	REGISTR	AK				;			-	

BK- 0710 PG- 1158 07/07/2010

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.

DATE ISSUED:

O9/16/2008
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

SIGNATURE SUFFRENTICATED



