

Assessor's Parcel Number: 1420-28-214-001

Recording Requested By:

✓ Name: ANN DELAHAY

Address: 2898 RIO VISTA CT

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax:

DOC # **0767458**  
07/23/2010 12:26 PM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
SHERYL STRABALA

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0710 PG- 4234 RPTT: 0.00



\$ \_\_\_\_\_

AFFIDAVIT - DEATH of JOINT TENANT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

<p><b>APN: 1420-28-214-001</b></p> <p><b>RECORDING REQUESTED BY:</b></p> <p>Ann Delahay 2898 Rio Vista Ct. Minden, NV 89423</p> <p><u>AFTER RECORDATION, RETURN BY MAIL TO</u></p> <p>Ann Delahay 2898 Rio Vista Ct. Minden, NV 89423</p>	
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

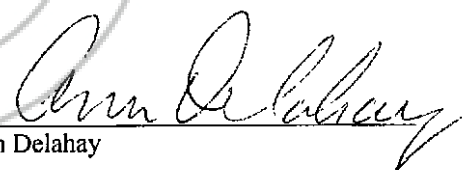
STATE OF NEVADA            )  
  ) ss:  
COUNTY OF                    )

ANN DELAHAY, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marion E. Delahay named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 14, 2003, executed by Ann Delahay and Marion E. Delahay, as joint tenants, to Ann Delahay (surviving tenant) and Marion E. Delahay, as joint tenants with right of survivorship, and recorded on July 16, 2003, in Book 0703, at Page 075362, Document No. 0583455 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

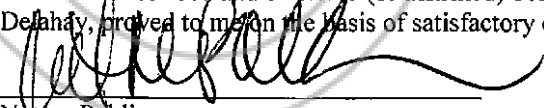
Lot 204 in Block F as shown on the Final Map #PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 28, 2002 at Page 10142 as Document No. 546028 .  
A.P.N. 1420-28-214-001

Dated: 7-19-10

  
\_\_\_\_\_  
Ann Delahay

State of Nevada            )  
  ) ss.  
County of Douglas         )

Subscribed and sworn to (or affirmed) before me on this 19<sup>th</sup> day of July, 2010, by Ann Delahay, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.

  
\_\_\_\_\_  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Marion Emily Delahay		2. June 3, 2004		3a. Carson City			
3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient /		4. Female	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 87		7b. UNDER 1 YEAR MOS : DAYS	
9a. Michigan		9b. U.S.A.		10. 15		11. Widowed	
13. -0742		14a. Homemaker		14b. Own Home		12. SURVIVING SPOUSE (If wife, give maiden name)	
15a. Nevada		15b. Douglas		15c. Minden		15d. 2898 Rio Vista Cr	
16. Harvey Henry Horn		17. Gertrude Boehmer					
18a. Ann Delahay — Daughter		18b. 2898 Rio Vista Court, Minden, NV 89423					
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, NV			
20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
21a. [Signature]		21b. 6/4/04		21c. 2230		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. [Signature]		22b. [Signature]		22c. [Signature]		22d. ON	
23a. Joseph Walls, M.D., 755 N. Roop St. #101, Carson City, NV 89701		23b. 6610					
24a. [Signature]		24b. June 8, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. n.o		27. yes			
PART I (a) Consistent with Pulmonary Embolus							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.							
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

No. 267644

44255

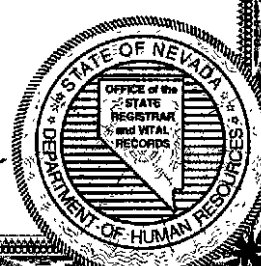
CERTIFIED COPY OF VITAL RECORDS

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: JUN 21 2004

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

*Yvonne Sylvia*  
STATE REGISTRAR



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PG- 4236  
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