Assessor's Parcel Number: 1420-28-214-00/								
Recording Requested By:								
Name: ANN DECAHAY								
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

3 Page: 1 Of Fee:

BK-0710 PG- 4234 RPTT: 0.00

16.00

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.

67458 Page: 2 Of 3

BK- 0710 PG- 4235

APN: 1420-28-214-001

RECORDING REQUESTED BY:

Ann Delahay 2898 Rio Vista Ct. Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO

Ann Delahay 2898 Rio Vista Ct. Minden, NV 89423

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

Output

Ann Delahay

) ss.
County of Douglas

Subscribed and sworn to (or affirmed) before me on this $\frac{V}{V}$ day of $\frac{V}{V}$ day of $\frac{V}{V}$, 2010, by Ann Delahay, proved to make the person(s) who appear before me.

Notary Public



STAYNE OF NEWADA

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

DATE OF DEATH (Month, Day, Year)

PERMANENT			ily	Delahay	:	2 June	3, 2004	\ 3a. C	Carson Ci	Lty 🌡
BLACK INK	3b. Carson City	,		TITUTION—Name (If I		t and number)	If Hosp, or Inst. Ind Rm. Inpatient (Spe-	icate DOA, OP/Emer.	SEX	
ECEDENT		J-S		ahoe Hosp			зе. Іпра	tient /	4. Femal	
	RACE—(e.g., White, Black, Ame Indian, etc.) (Specify) 5. White		an, Cuban, Puerto Ric	Specify yes no ff y	yes, AGE—Last Birthday (Yea	THE REAL PROPERTY.		MINS	KRTH (Mo., Day, Yr	
IF DEATH	STATE OF BIRTH	6.	OF WHAT COUN-	Decadent's Education	7a.87	76.	7c.		e 19, 19	
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SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL O	CCUPATION (Give Kir	nd of Work Done During	Most of	(Specify) Wic	dowed NESS OR INDUSTRY	12		
ECOMPLETION OF RESIDENCE ITEMS	130742	Working L	lie, Even if Retired)	Homemaker	9/4	961 146 Own	•			
	RESIDENCE—STATE	COUNTY	/ 50	ITY, TOWN, OR LOCA			T AND NUMBER		IDE CITY LIMITS	∦
7	> 15a. Nevada	150 Doug	las is	Minde	n	15d.21	898 Rio Vi	/Snv	ecify Yes or No)	
ARENTS	FATHER—NAME First	***	ddle .	Last	MOTHER-MAIDEN	NAME F	irst .	Middle	Last	
	16. Harve	y , He	enry	76.		Gertrude			ehmer	
	18a Ann Delahay	the state of the s	/ 's	MAILING ADDRES		- A	F.D. No., City or Tow			
_	BURIAL CREMATION, REMOVA	T OTHER (Specify)		186. 2898	Kio Vist	ta Court		NV 89423		
000		1 (2)		itzHenry, s	\ <u>3</u> /	rv	LOCATION	City or Town	State NT7	1
SPOSITION	FUNERAL DIRECTOR—SIGNAT (Or Person Acting as Such)						THOREW C	careen Va	, NV	
Į	(Or Person Actingles Such)	160	2. LICENSE NUMB 20b. 217	CTOR NAME AND A	ie 1380	HW 205	Encury's	varson Va	TTEA LAN	era
	Z 21a of the best of my knowledge, death occurred at the large line, date and place and 22a. On the basis of examination and/or investigation, in my opinion death occurred									
	1 DO 17 III I I I I I I I I I I I I I I I I									
	(Signature and Title) DATE SIGNED (Mo., DATE SIG	Day (YE)	HOUR OF DEATH			TE SIGNED (Mo.,		HOUR OF DEATH		
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	TO COST	SOF CERTIFIER (PHY	D 755 N	PHYSICIAN, MEDICAL	EXAMINER, OR CO	ORONER). (Type	or Print.)	LICENSE I		_ 주 주
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	(b)		The Real Property lies		-			o contract the contract	onom and use	= '
	DUE TO, OR AS A	A CONSEQUENCE OF:			-			• Interval between	een onset and deet	، 🚅
USE OF	(c)	<u> </u>	Δ.						··	
DEATH	PART OTHER SIGNIFICANT	CONDITIONS—Conditi	ons contributing to dea	th but not resulting in ti	he underlying cause	given in Part 1.	AUTOPSY (Sp	pecify WAS CASE RI	EFERRED TO	
1	ACC SUICIDE USA	Tarm			1	:	26. NO	27. yes	pecify Yes or No)	
\ \	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	/	Day, Yr) HOUR OF I	NURY DESC	CRIBE HOW INJURY	Y OCCURRED		<u> </u>		= '
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			STATE REGIS	IHAH	`		. ■1	- - - £0		
THE PERSON NAMED IN	munus.								all the second second	

44255

LOCAL FILE NUMBER
DECEASED—NAME First

Middle

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 2 1 2004

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

ATE REGISTRAR

OFFICE of the STATE HEGISTERAL HE

STATE FILE NUMBER

COUNTY OF DEATH