

APN: 1420-07-818-034

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0810 PG- 1200 RPIT: 0.00

✓ When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423



**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF DOUGLAS    )

I, HAZEL S. DUNN, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. ERNEST GENE DUNN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ERNEST G. DUNN named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated October 15, 1999, executed by Thomas K. Campbell, Edna J. Campbell, and Scott Edward Holmes, to ERNEST G. DUNN and HAZEL S. DUNN, Husband and Wife as JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, recorded on November 10, 1999, as Document No. 0480453, in Book 1199, Page 1912, of Official Records

of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

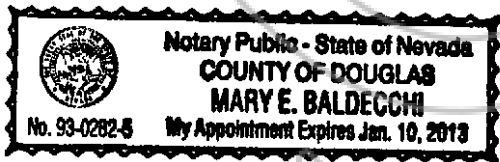
Lot 8 in Block B, of IMPALA MOBILE HOME ESTATES UNIT NO. 2, according to the map thereof filed in the office of the County Recorder of Douglas County, Nevada on April 7, 1982 in Book 482, Page 366, as File No. 66654, Official Records.

Per NRS 111.312, this legal description was previously recorded at Document No. 0480453, Book 1199, Page 1912, on November 10, 1999.

*Hazel S. Dunn*  
HAZEL S. DUNN

SIGNED AND SWORN TO (or affirmed) before me on August 4, 2010, by HAZEL S. DUNN.

*Mary E. Baldecchi*  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH CERTIFICATION OF DEATH

**2010010934**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

**DECEDENT**

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

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF DEATH**

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

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Ernest Gene DUNN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 17, 2010</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 15, 1930</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Hazel SMITH</b>	
13. SOCIAL SECURITY NUMBER <b>4749</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Sales Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Process Instrumentation</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>969 Lehigh Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Carl E DUNN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Twila M LYON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Hazel DUNN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>969 Lehigh Circle Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roon Carson City NV 89706</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CRAIG STEVEN RAU M.D.</b> SIGNATURE AUTHENTICATED			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) <b>July 25, 2010</b>		21c. HOUR OF DEATH <b>13:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Aguirre, Jose Alfredo</b>		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451</b>			
23b. LICENSE NUMBER <b>10991</b>		24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 26, 2010</b>		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) <b>Respiratory Failure</b>				<b>Minutes</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Cardiogenic Shock</b>				Interval between onset and death <b>Hours</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Acute Myocardial Infarction</b>				Interval between onset and death <b>Hours</b>	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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 STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR



BK- 0810  
PG- 1202

0768145 Page: 3 Of 3 08/05/2010

VRS-Rev-20090502

### 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: **07/27/2010**

*Rud. White*  
SIGNATURE AUTHENTICATED  
STATE REGISTRAR

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

