

APN: 1220-22-211-014 (formerly 29-232-13)

**AFTER RECORDING RETURN TO:**

J. Robert Parke, Esq.  
1875 Plumas Street, Suite 1  
Reno, NV 89509

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0910 PG- 3790 RPTT: 0.00




**MAIL TAX STATEMENTS TO:**

Charlene B. Rodman  
1428 Purple Sage Dr.  
Gardnerville, NV 89460

- I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person (NRS 293B.030)
- I, the undersigned, hereby affirm that this document submitted for recording contains the social security number of a person as required by law:

\_\_\_\_\_

  
\_\_\_\_\_  
J. Robert Parke, Esq. as agent for the  
surviving joint tenant

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF WASHOE    )

Charlene B. Rodman, being first duly sworn, deposes and says:

1. I am the widow of William H. Rodman.
2. I held title to a certain parcel of real property with my deceased husband as joint tenants with right of survivorship. A description of the instrument or conveyance by which the subject joint tenancy was created is that certain Individual Grant Deed dated November 8, 1991, in which Edward A. Barrington and Lori D. Barrington, d.b.a. Edward A. Barrington Construction Company, were the Grantors and William H. Rodman and I were the Grantees. Said deed was recorded in the office of the County Recorder of Douglas County, State of Nevada, on November 26, 1991, as Document No. 265951.

3. A description of the subject real property is all that certain real property situate in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot 7, in Block B, as shown on the map of BARRINGTON RANCHOS, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 1, 1991, in Book 391, Page 187, as Document No. 245840, being a Subdivision of Lot 706, as shown on the Map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.


SUBJECT TO Covenants, Conditions and Restrictions of record under Document No. 66662 and 259727, of official records.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof; together with all water and water rights, ditches and ditch rights, appurtenant thereto or used in connection therewith.

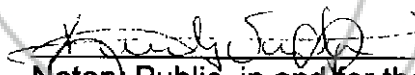
4. The deceased joint tenant died on August 9, 2010, in the City of Reno, County of Washoe, State of Nevada. A copy of the deceased joint tenant's certificate of death is attached hereto as Exhibit "A".

The undersigned does hereby swear under penalty of perjury that the foregoing assertions are true and correct.

Dated this 12<sup>th</sup> day of September 2010.

  
\_\_\_\_\_  
Charlene B. Rodman

Subscribed and sworn to before me  
this 13<sup>th</sup> day of September 2010.

  
\_\_\_\_\_  
Notary Public, in and for the  
County of Washoe, State of Nevada



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010012475

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) William Hoover <b>RODMAN</b>		2. DATE OF DEATH (Mo/Day/Year) August 09, 2010		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		3d HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number)		3e If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Charlene Beth JACKSON		8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1928	
13 SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Butcher		14b KIND OF BUSINESS OR INDUSTRY Grocery Store	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1428 Purple Sage Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. EVER IN US Armed Forces? Yes	
18. FATHER - NAME (First Middle Last Suffix) Jack F RODMAN			17. MOTHER - NAME (First Middle Last Suffix) Beulah SLANKARD		
18a INFORMANT- NAME (Type or Print) Charlene B RODMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1428 Purple Sage Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503	
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>SIGNATURE AUTHENTICATED</b> <b>SRIDEVI PARVATHANENI CHALLAPALLI M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) August 18, 2010		21c. HOUR OF DEATH 19:42		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sridevi Parvathanehi Challapalli M.D. 75 Pringle Way #401 Reno, NV 89502		23b. LICENSE NUMBER 8810		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 2010		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) Ischemic bowel				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary artery disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute renal failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR



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EXHIBIT A

VR8-Rev-20090602

08/25/2010 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.

08/25/2010

DEPUTY REGISTRAR

Mary A. Anderson SIGNATURE AUTHENTICATED

DATE ISSUED: PERCO (Rev) 11/09

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

