

15

A.P.N. 1320-29-117-002

WHEN RECORDED MAIL TO:
James Wheeler
1795 Linden Court
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-1010 PG- 1015 RPTT: 0



AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, JAMES WHEELER being first duly sworn, deposes and says:

That Affiant is the surviving spouse of PATRICIA ANN WHEELER and that the Affiant and the said PATRICIA ANN WHEELER deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 13th day of January, 2005, under the terms of which JAMES WHEELER, spouse of the grantee herein was Grantor to: JAMES WHEELER and PATRICIA WHEELER, husband and wife as Joint Tenants with right of survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded January 19, 2005, in Book 0105 at Page 6362 as Document No:0634781 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

UNIT 191, SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON FEBRUARY 10, 1994, IN BOOK 294 OF OFFICIAL RECORDS AT PAGE 1845, AS DOCUMENT NO. 329790.

That the said PATRICIA ANN WHEELER one of the Grantees in the Joint Tenancy Deed, died on the 16th day of May, 2010 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, JAMES WHEELER, as of the date of decedent's death.

Dated: October 6, 2010

James Wheeler

JAMES WHEELER

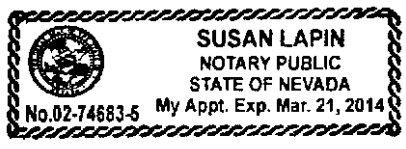
STATE OF NEVADA
COUNTY OF *Douglas*

On *Oct. 6, 2010*, before me, the undersigned, a Notary Public in and for said County, personally appeared *James Wheeler*, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature *[Signature]*

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010007691

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) Patricia Ann WHEELER		2. DATE OF DEATH (Mo/Day/Year) May 16, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 24, 1930		9a. STATE OF BIRTH (if not U.S.A., name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER James WHEELER	
13. SOCIAL SECURITY NUMBER ██████████-7471		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Craftsman		14b. KIND OF BUSINESS OR INDUSTRY Crafts	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1795 Linden Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Peter Paul YESMENTES	
17. MOTHER - NAME (First Middle Last Suffix) Monica YAKITIS		18a. INFORMANT - NAME (Type or Print) James WHEELER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1795 Linden Ct Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>SIGNATURE AUTHENTICATED</i> CRAIG STEVEN RAU M.D.					
21b. DATE SIGNED (Mo/Day/Yr) May 21, 2010		21c. HOUR OF DEATH 17:15		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) Maiya, Vijay		22b. DATE SIGNED (Mo/Day/Yr)		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) Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451	
23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 27, 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))		Interval between onset and death	
PART I		(a) Cardiorespiratory Failure		Months	
		(b) Gastrointestinal Bleeding		Days	
		(c) Acute Bacterial Infection		Days	
		(d)		Days	
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.		CITY OR TOWN		STATE	

STATE REGISTRAR

0771752 Page: 2 of 2 10/06/2010

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.

DATE ISSUED: 05/28/2010

R. J. Wheeler
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

