

APN: 1318-23-610-045

**Recording requested by and  
When recorded mail to:**

Jeffrey K. Rahbeck, Esq  
P.O. Box 435  
Zephyr Cove, Nevada 89448

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-1010 PG- 2367 RPTT: 0.00



**AFFIDAVIT OF DEATH OF JOINT TENANT**

LAWRENCE M. CAKE, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of EVELYN M. CAKE, and that the Affiant and the said EVELYN M. CAKE, deceased, are the grantees in joint tenancy under that certain GRANT, BARGAIN AND SALE DEED dated the 16<sup>th</sup> day of August 1989; said document was recorded on the 17<sup>th</sup> day of August 1989, in Book 889, Page 2923, being document number 209098, of the official records in Douglas County, State of Nevada, affecting all that certain piece or parcel of land, situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

"Lot 29, Block B, of Lakewood Knolls Annex, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on May 12, 1959, as Document No. 14378, Assessor's Parcel No. 07-263-28."

That the said EVELYN M. CAKE, one of the joint tenant grantees respecting said GRANT, BARGAIN AND SALE DEED, died on the 13<sup>th</sup> day of September, 2010, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A"; that said certified copy of





COPY

**EXHIBIT "A"**

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

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

2010013873  
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) Evelyn Marion <b>CAKE</b>		2. DATE OF DEATH (Mo/Day/Year) September 13, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not enter, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
6. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 67	
9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lawrence CAKE		8. DATE OF BIRTH (Mo/Day/Yr) January 31, 1943	
13. SOCIAL SECURITY NUMBER- -0372		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dealer		14b. KIND OF BUSINESS OR INDUSTRY Casino	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 269 Sherwood Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Joseph BLENKIN	
16. MOTHER - NAME (First Middle Last Suffix) Marion FENTY		18a. INFORMANT- NAME (Type or Print) Lawrence CAKE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 269 Sherwood Court Zephyr Cove, Nevada 89448	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) September 15, 2010		21c. HOUR OF DEATH 10:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 17, 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) Cardiorespiratory Failure				Minutes	
(b) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Bladder Cancer				Interval between onset and death Months	
(c) DUE TO, OR AS A CONSEQUENCE OF: Acute Cholecystitis				Interval between onset and death Days	
(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) Yes		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



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PG- 2370  
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VRS-Rev-20100218

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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: 09/17/2010

*Rand White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

