



APN # 1220-10-410-011

Escrow # 00181345 - 15

Recording Requested By:
First Centennial Title Company
321 W. Winnie Lane, Ste. 102
Carson City, NV 89703

When Recorded Return to:
Jean Limb
PO Box 1494
Gardnerville, NV 89410-1494

Mail Tax Statements to:
Colleen M. Goulart
PO Box 2731
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380.

D Peacocke
SIGNATURE

Certified Escrow Technician
TITLE

D. Peacocke
Print Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER



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Escrow No. 00181345 - 002 -15

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AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF CARSON CITY

} ss:

Jean Limb, of legal age, being duly sworn, deposes and says

That John D. Limb the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as John D. Limb named as one of the parties in that certain Grant Bargain Sale Deed dated 4/6/04 executed by Colleen M. Goulart to Colleen M. Goulart, an unmarried woman, John D. Limb and Jean Limb, Husband and Wife, all as joint tenants with right of survivorship, recorded as Instrument No. 0609536, on 4/7/04 in Book 0404 Page 02868 of Official Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto and made a part hereof.

Dated: 10/8/10

Jean Limb
Jean Limb

SUBSCRIBED AND SWORN TO before me on this 8 day of October 2010 by Jean Limb.

Karen Bice
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

STATE OF NEVADA
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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

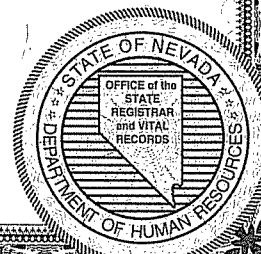
POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. John Donald LIMB		2. August 11, 2006		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1015 Eagle Ct.		3e.		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 72		8. August 31, 1933	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Utah		9b. U.S.A.		10. 16 Years		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. 1051		14a. C.P.A.		14b. Accounting			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1015 Eagle Ct.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes					
FATHER—NAME		MOTHER—MAIDEN NAME					
16. Glen Limb		17. Hannah Beasley					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Jean Limb - Wife		18b. P.O. Box 489, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, 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.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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) and manner stated.	
(Signature and Title) <i>[Signature]</i>		21b. 8/16/06		21c. 1155		(Signature and Title) <i>[Signature]</i>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)		22d. ON	
21d.		22b.		22c.		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Ralph Herbig D.O., 1540 Hwy 395, #E, Gardnerville, Nevada 89410		23b. 984					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>[Signature]</i>		24b. August 18, 2006		24c. 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) Cardio pulmonary arrest		: minutes					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(b) Congestive heart failure		: days					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(c) Colon cancer		: months					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. No					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			



STATE REGISTRAR

No. 341421
BK-1010
PG-2610

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133056 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: **AUG 18 2006**

STATE REGISTRAR *[Signature]*

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



Exhibit A

A parcel of land located within a portion of the South one-half (S ½) of Section 10, Township 12 North, Range 20 East, M.D.M., Douglas County, Nevada, described as follows:

Beginning at a found 2" I.P. at the angle point on the North line of Lot 11 of the GARDNERVILLE RANCHOS UNIT NO. 1, Document No. 26665, said point bears North 42°15'47" West, 391.46 feet from the Westerly right of way of RIVER VIEW DRIVE,

Thence South 42°15'47" East, 320.80 feet;
Thence South 89°48'00" West, 146.47 feet;
Thence North 00°12'00" West, 18.00 feet;
Thence South 89°48'00" West, 194.76 feet;
Thence South 81°33'35" West, 29.12 feet;

Thence non-tangent to the preceding course along the arc of a curve to the left having a radius of 45.00 feet, a central angle of 72°05'53" and arc length of 56.63 feet, and a chord bearing of North 54°09'04" West, 52.96 feet;

Thence North 00°12'00" West, 269.41 feet;
Thence South 69°15'31" East, 211.24 feet to the Point of Beginning.

Reference is made to Record of Survey to Support a Boundary Line Adjustment filed for record with the Douglas County Recorder on May 2, 1994 in Book 594 at page 120, as Document No. 336569, Official Records of Douglas County, Nevada.

The above metes and bounds description previously appeared in Document recorded December 23, 1997 in Book 1297, page 4543, as Document No. 429091, Official Records of Douglas County, Nevada.

SPACE BELOW FOR RECORDER
