

OFFICIAL RECORD

Requested By:

CHARLES WOODMAN

1022-29-412-006
APN: 39-158-13

Recording Requested By:

Charles B. Woodman, Esq.
548 W. Plumb Lane, Suite B
Reno, Nevada 89509

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00
BK-1010 PG- 3669 RPTT: 0.00



When Recorded Mail To:

Charles B. Woodman, Esq.
548 W. Plumb Lane, Suite B
Reno, Nevada 89509

Mail Tax Statements to:

Loyde R. Marker
Marker Trust
3478 Mark Twain Ave
Gardnerville, Nevada 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person(s).
(Per NRS 239B.030)

Susan Whitenack
Legal Assistant to Charles B. Woodman, Esq.

MAIL TAX STATEMENTS TO:
WHEN RECORDED RETURN TO:

Loyde R. Marker
Marker Trust
3478 Mark Twain Ave
Gardnerville, Nevada 89410

APN: 39-158-13

AFFIDAVIT OF DEATH OF JOINT TENANT

Loyde R. Marker, being of legal age and sound mind, being first duly sworn, deposes and says:

That Ila Mae Marker, identified in the attached certified copy of Certificate of Death, is the same person as Ila M. Marker, named as a Joint Tenant in that certain "Grant Deed" (APN 39-158-13) dated April 04, 1983, said deed having been recorded on April 07, 1983, as Document No. 078566, in Book 483, Page 370, Official Records of Douglas County, State of Nevada, and affecting the following land:

All that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 5, as shown on the Map of Topaz-Sunrise Estates, filed in the office of the County Recorder on January 9, 1968, Document No. 39898, Official Records of Douglas County, State of Nevada.

Also known as: 3478 Mark Twain Ave, Gardnerville, Nevada

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

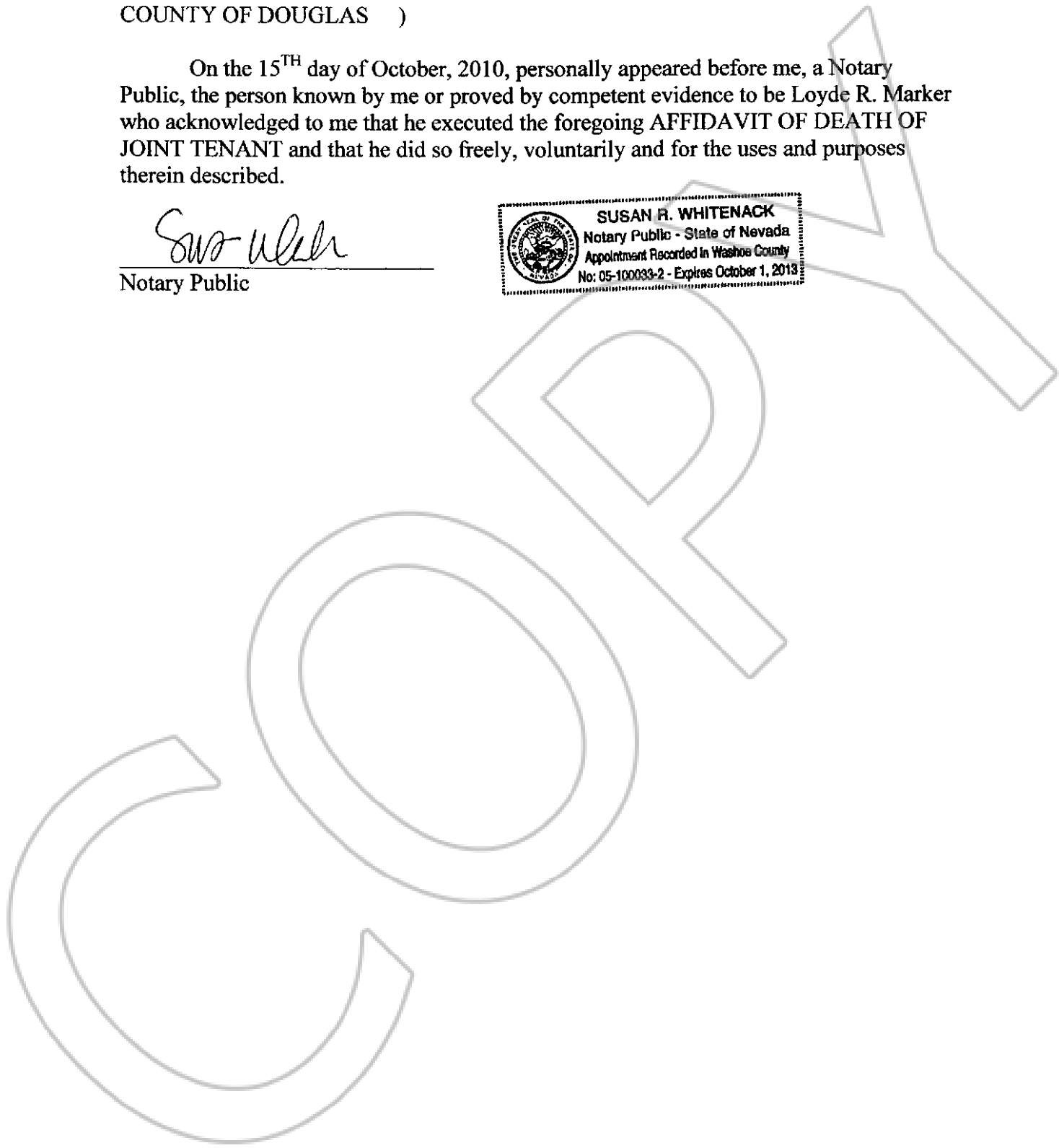
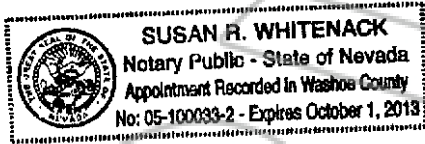
Dated this 15TH day of October, 2010.


Loyde R. Marker

STATE OF NEVADA)
)
) :ss.
)
COUNTY OF DOUGLAS)

On the 15TH day of October, 2010, personally appeared before me, a Notary Public, the person known by me or proved by competent evidence to be Loyde R. Marker who acknowledged to me that he executed the foregoing AFFIDAVIT OF DEATH OF JOINT TENANT and that he did so freely, voluntarily and for the uses and purposes therein described.

Susan R. Whitenack
Notary Public



STATE OF NEVADA

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Ila Mae MARKER		2. August 3, 2000	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)
3b. Gardnerville		3c. 3478 Mark Twain	3e. 6
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)
5. Race		6. X	7a. 81
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. California		9b. U.S.A.	10. 14 years
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
13. 1568		14a. Beverage Manager	11. Married
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	KIND OF BUSINESS OR INDUSTRY
15a. Nevada		15b. Douglas	14b. Bowling Alley
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	15d. 3478 Mark Twain
16. Lucius Brown		17.	15e. No
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Loyde Marker		18b. 3478 Mark Twain, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Walton's Sierra Crematory	19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. Jimmy Bump		20b. 9	Walton's Douglas County Mortuary
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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)	
21b. 8/3/00		22b. DATE SIGNED (Mo., Day, Yr.)	
21c. 0510		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. John P. Kelly, M.D., 550 W. Washington, Carson City, Nevada 89703		23b. 6376	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. Vera R. Kachava		24b. August 3, 2000	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) Lung Cancer		7 months	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c)		Interval between onset and death	
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. Yes	
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c.	28d.
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
28f.	28g.		

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STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: AUG 09 2000

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT