

A.P.N. 1420-34-811-004

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0111 PG- 3181 RPTT: 0.00

When Recorded Mail To:
Harold M. Furbee
1575 Shirley Street
Minden, NV 89423



AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That KATHI S, FURBEE, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KATHI SUSAN FURBEE named as one of the parties in that certain GRANT BARGAIN AND SALE DEED Dated February 16, 1999, executed by H.M. FURBEE, an unmarried man to HAROLD M. FURBEE and KATHI S. FURBEE,, husband and wife as joint tenants, recorded as Instrument No. 0461663, Book 0299, page 4500 on February 23, 1999 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

See "EXHIBIT A" attached hereto and made a part of.

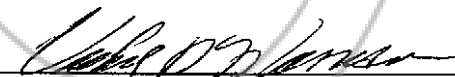
Dated: January 10, 2010



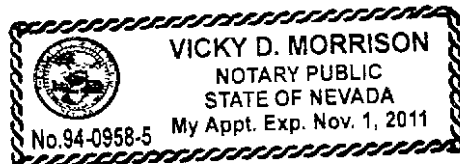
HAROLD M. FURBEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On January 10, 20 11, before me, a notary public, personally appeared HAROLD M. FURBEE, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that SHE executed the instrument.



Notary Public



STATE OF NEVADA

CERTIFICATION OF

0776947 Page: 2 Of 2 01/14/2011

BK- 0111
PG- 3182
01/14/2011

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

2010013870
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
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kathi Susan FURBEE			2. DATE OF DEATH (Mo/Day/Year) July 10, 2010		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1575 Shirley St.		3e. If Hosp. or Inst. Indicate DOA, OP/Emer Rm. Inpatient(Specify) Home		
4. SEX Female		6. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 55	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 30, 1955			
9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Harold Michael FURBEE		13. SOCIAL SECURITY NUMBER 5903		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1575 Shirley St.	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Gordon LANE			17. MOTHER - NAME (First Middle Last Suffix) Donna PETERSEN		
18a. INFORMANT- NAME (Type or Print) Harold Michael FURBEE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1575 Shirley St 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		
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) KAREN KAROSICH <i>SIGNATURE AUTHENTICATED</i>							
21b. DATE SIGNED (Mo/Day/Yr) September 13, 2010		21c. HOUR OF DEATH 19:23		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) KAREN KAROSICH <i>SIGNATURE AUTHENTICATED</i>		22b. DATE SIGNED (Mo/Day/Yr) September 13, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 10, 2010		22e. HOUR OF DEATH 19:23		22f. PRONOUNCED DEAD AT (Hour) 19:23	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner KAREN KAROSICH, PO Box 218 Minden, NV 89423						23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>			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							
(a) Drug Toxicity due to Trazadone, Ethanol and Citalopram							
DUE TO, OR AS A CONSEQUENCE OF							
(b) DUE TO, OR AS A CONSEQUENCE OF:							
(c) DUE TO, OR AS A CONSEQUENCE OF:							
(d)							
PART II							
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) July 10, 2010		28c. HOUR OF INJURY 1923		28d. DESCRIBE HOW INJURY OCCURRED Drug Overdose	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No 1575 Shirley St		28h. CITY OR TOWN STATE Minden Nevada	

STATE REGISTRAR

3546682

551746

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

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20100218

