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A.P.N. 1219-26-002-003

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0311 PG- 3555 RPTT: 0.00

When Recorded Mail To:
Allan R. Walker
✓ 491 Purshia Hill Road
Gardnerville, NV 89460



AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That NOREEN LILLIAN WALKER, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NOREEN L. WALKER named as one of the parties in that certain INDIVIDUAL GRANT SALE DEED executed on August 5, 1992, executed by MATTHEW C. BENSON and JOYCE S. BENSON, husband and wife as joint tenants and ALLAN R. WALKER AND NOREEN L. WALKER, husband and wife as joint tenants, recorded as Instrument No. 285748, Book 892, Page 1770 on August 12, 1992 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Being a portion of Section 26, Township 12 North, Range 19 East, M.D.B. & M. further described as follows:

Parcel 2B as set forth on that certain Parcel Map for Matthew C. and Joyce S. Benson filed for record in the Office of the County Recorder of Douglas County on November 4, 1988, in Book 1188, Page 651, as Document No. 190040.

TOGETHER with tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Dated: March 17, 2011

Allan R Walker

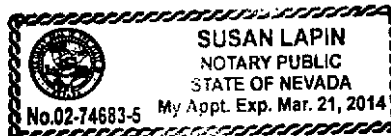
ALLAN R. WALKER

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On March 17, 2011, before me, a notary public, personally appeared ALLAN R. WALKER, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that HE executed the instrument.

[Signature]

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011003449
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) Noreen Lillian WALKER		2. DATE OF DEATH (Mo/Day/Year) February 20, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name,(If not either, give street and number) 491 Purshia Hill Rd		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
3d. SEX Female		7a. AGE-Last birthday (Years) 65		8. DATE OF BIRTH (Mo/Day/Yr) June 05, 1945	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Allan WALKER	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED] 0529		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 Gardnerville	
15d. STREET AND NUMBER 491 Purshia Hill Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William BOYD	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vera HOWLAND		18a. INFORMANT - NAME (Type or Print) Allan WALKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 491 Purshia Hill Rd Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such). RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) J MCKONE SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) March 03, 2011	
		22c. HOUR OF DEATH 07:15		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 20, 2011	
		22e. PRONOUNCED DEAD AT (Hour) 07:15		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy J MCKONE, 1025.8th, St Minden, NV	
		23b. LICENSE NUMBER 301		24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED	
		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 10, 2011		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) Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Coronary Artery Stenosis					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Arteriosclerosis and Hypertension and Chronic Obstructive Pulmonary Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Obesity, Thromboemboli (Remote)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		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



BK- 0311
PG- 3556
03/17/2011

VRS-Rev-20110104

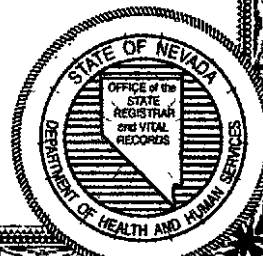
CERTIFIED COPY OF VITAL RECORDS

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: 03/15/2011

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE