

A.P.N. 1320-29-210-009

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-0411 PG-1239 RPTT: 0.00

✓ When Recorded Mail To:
Dorothy Chicou
1181 Wisteria Drive
Minden, NV 89423



AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That EDWARD CHICOU, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EDWARD CHICOU named as one of the parties in that certain CORPORATION GRANT BARGAIN executed on May 5, 1994, executed by WESTERN NEVADA PROPERTIES, INC., a Nevada Corporation and EDWARD CHICOU and DOROTHY CHICOU, husband and wife as joint tenants, recorded as Instrument No. 338781, Book 0694, Page 0403 on June 2, 1994 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 284, as set forth on the Official Plat of Winhaven Unit No. 3, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 18, 1992, as document no. 295672.

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

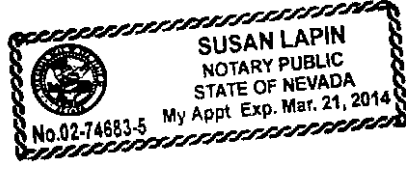
Dated: April 6, 2011

Dorothy Chicou
DOROTHY CHICOU

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On April 7, 2011, before me, a notary public, personally appeared DOROTHY CHICOU, 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.

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010008332
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) Edward CHICOU		2. DATE OF DEATH (Mo/Day/Year) May 30, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Sierra Place Retirement Community		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm, Inpatient(Specify) Inpatient	
4. SEX Male		6. RACE White (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) December 07, 1925	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		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 OR DOMESTIC PARTNER Dorothy MEYER	
13. SOCIAL SECURITY NUMBER ██████████ 7839		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Catering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1181 Wisteria Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Emile CHICOU			17. MOTHER - NAME (First Middle Last Suffix) Eva Irene CHEAFULLO		
18a. INFORMANT- NAME (Type or Print) Dorothy CHICOU			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1181 Wisteria Drive Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) - JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) KAREN SUE McDERMOTT M.D. 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) June 03, 2010		21c. HOUR OF DEATH 23:57		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 09, 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) Bladder Cancer Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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) No					
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- 0411
PG- 1240

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VRS-Rev. 20090802

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: 06/09/2010

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

