

APN: 1220-09-414-007

The undersigned hereby affirms
that there is no
Social Security number
contained in this document.

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0411 PG- 3945 RPTT: 0.00



When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

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

I, BILLIE J. EDWARDS, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. JOHN WILLIAM EDWARDS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN W. EDWARDS named as one of the parties in that certain **Corporation Grant Deed** executed by Harold E. Porter, president of Summit Homes Ltd., to John W. Edwards and Billie J. Edwards, Husband and Wife as joint tenants with right of survivorship, recorded on September 27, 2001, as Document No. 0522906, in Book 0901, Page 3812, of Official Records of Douglas County, Nevada, covering the



following described property situated in the County of Douglas, State of Nevada.

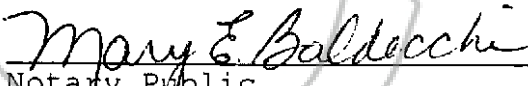
Lot 5, in Block 2, on the Final Map, 97-008, of SILVERANCH PHASE 5, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1999, in Book 899, Page 5280, as Document No. 475442.

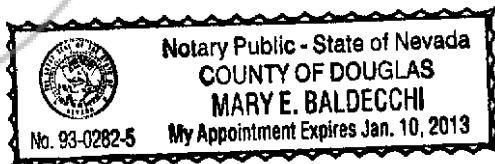
SUBJECT TO THOSE CERTAIN COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED JANUARY 5, 1994, BOOK 194, PAGE 659, DOCUMENT NO. 326829 AND AMENDED FEBRUARY 5, 1994, BOOK 294, PAGE 4638, DOCUMENT NO. 330984 AND ANNEXATION TO SAID COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED FEBRUARY 11, 2000, BOOK 0200, PAGE 1954, DOCUMENT NO. 486169, ALL DOUGLAS COUNTY, NEVADA, RECORDS.

RESERVING THEREFROM ANY AND ALL APPURTENANT WATER, WATER RIGHTS, DITCH AND/OR DITCH RIGHTS, INCLUDING BUT NOT LIMITED TO THOSE CERTAIN RIGHTS UNDER CLAIM NOS. 254, 277, 278, AND 279 OF THE FINAL DECREE ENTERED ON OCTOBER 28, 1980, IN "UNITED STATES OF AMERICA V. ALPINE LAND AND RESERVOIR COMPANY ET AL," CIVIL NUMBER D-183BRT, IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA.


BILLIE J. EDWARDS

SIGNED AND SWORN TO (or affirmed)
before me on April 21, 2011,
by BILLIE J. EDWARDS.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011003796
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) John William EDWARDS			2. DATE OF DEATH (Mo/Day/Year) March 04, 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) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient		4. SEX Male
5. RACE: White (Specify)		6. Hispanic Origin? Specify (No - Non-Hispanic)	7a. AGE-Last birthday (Years) 72	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 20, 1938
9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16+	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Billie EDWARDS
13. SOCIAL SECURITY NUMBER ██████████ 3853		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Petroleum Engineer		14b. KIND OF BUSINESS OR INDUSTRY Oil		Ever in US Armed Forces? Yes
16a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1042 Ranch Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) John EDWARDS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Laceta TENNANT			
18a. INFORMANT - NAME (Type or Print) Billie EDWARDS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1042 Ranch Drive Gardnerville, Nevada 89460				
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 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) SIGNATURE AUTHENTICATED RAYMOND LEE STILLWELL M.D.			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) March 11, 2011		21c. HOUR OF DEATH 01:29		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
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) Raymond Lee Stillwell M.D., 1107 Hwy 395 Gardnerville, NV 89410					23b. LICENSE NUMBER 10160	
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 16, 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) Cardiopulmonary Arrest					Minutes	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Unknown					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c)					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)					Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

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VRS-Rcv-20110104

375830

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: 03/16/2011

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

