



APN#: 1420-07-310-049

Recording Requested By:

Western Title Company

Escrow No.: 039496-ARW

When Recorded Mail To:

Pamela S. Coleman

3475 Calcite Circle

Carson City, NV

89705

Mail Tax Statements to: (deeds only)

Same as Above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature _____

Anu Wright
Anu Wright

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



AFFIDAVIT - DEATH OF JOINT TENANT

Pamela S. Coleman, of legal age, being first duly sworn, deposes and says:

That Christian J. Coleman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Christian J. Coleman named as one of the parties in that certain Grant, Bargain and Sale Deed dated 8/10/1979 executed by Robert A. Coleman and Helen D. Coleman, Husband and Wife as Joint Tenants to Christian J. Coleman and Pamela S. Coleman, Husband and Wife as Joint Tenants with right of survivorship and not as tenants in common as joint tenants, recorded as instrument No. 35634, on 8/16/1979, in Book 879, Page 1192, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 31 in Block K of VISTA GRANDE SUBDIVISION UNIT NO. 1, as shown on the Official Map filed in the Office of the County Recorder of Douglas County, Nevada, on November 09, 1964, as Document No. 26518.



Affidavit – Death of Joint Tenant – Page 2

Dated April 25, 2011

Pamela S. Coleman
Pamela S. Coleman, Surviving Joint Tenant

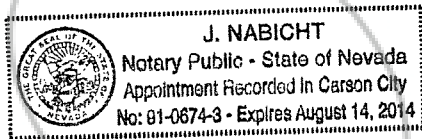
STATE OF NEVADA }SS

COUNTY OF Carson City

This instrument was acknowledged before me on
April 25, 2011,

by Pamela S. Coleman.

J. Nabicht
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010018727
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) Christian Joseph COLEMAN		2. DATE OF DEATH (Mo/Day/Year) October 16, 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) Carson Tahoe Regional 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) 59		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 07, 1951		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Pamela FILLMORE	
13. SOCIAL SECURITY NUMBER ██████████7284		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Fire Department Chief		14b. KIND OF BUSINESS OR INDUSTRY Fire Department	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3475 Calcite Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Alexander COLEMAN	
17. MOTHER - NAME (First Middle Last Suffix) Edna TRAGER		18a. INFORMANT- NAME (Type or Print) Pamela COLEMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3475 Calcite Circle Carson City, Nevada 89705	
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 Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) 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) RUTH RHINES SIGNATURE AUTHENTICATED 22b. DATE SIGNED (Mo/Day/Yr) December 15, 2010 22c. HOUR OF DEATH 23:03 22d. PRONOUNCED DEAD AT (Hour) October 16, 2010 22e. PRONOUNCED DEAD AT (Hour) 23:03		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 901 E Musser St, Carson City, NV 89701	
23b. LICENSE NUMBER 9307		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 15, 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) Multiple Blunt Force Injuries DUE TO, OR AS A CONSEQUENCE OF: (b) Single Motorcycle Collision DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
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) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) October 16, 2010		28c. HOUR OF INJURY 2137	
28d. DESCRIBE HOW INJURY OCCURRED Lost control of Motorcycle		28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Hwy 206 Genoa Lane	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Genoa Nevada					

STATE REGISTRAR



BK-411
PG-6320

782425 Page: 4 of 4 04/29/2011

VRS-Rev-20100218

355039

CERTIFIED COPY OF VITAL RECORDS

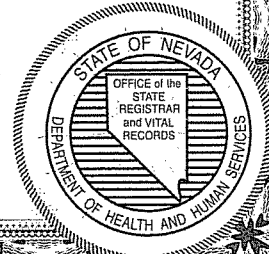
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 15 2010

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE