
APN: 1318-10-417-044

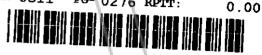
Recording requested by and When recorded mail to:

Jeffrey K. Rahbeck, Esq √ Post Office Box 435 Zephyr Cove, Nevada 89448 DOC # 0782535 05/03/2011 09:53 AM Deputy: SD OFFICIAL RECORD Requested By: JEFFREY K. RAHBECK

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 4 Fee BK-0511 PG-0276 RPTT:

Fee: 17.00



AFFIDAVIT OF DEATH OF JOINT TENANT

PHYLLIS M. MILLER, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of WILFORD JOSEPH MILLER, and that the Affiant and the said WILFORD JOSEPH MILLER, deceased, are the grantees in joint tenancy under that certain JOINT TENANCY DEED dated the 14th day of May 1970; said document was recorded in Book 76, Page 105 of the official records in Douglas County, State of Nevada, affecting all that certain piece or parcel of land, situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

"Lot 8 in Block 2 of ZEPHYR HEIGHTS SUBDIVISION, being a portion of Lot 2 of Section 9 and the Southwest quarter of the Southwest quarter of Section 10, Township 13 North, Range 18 East, M.D.B.&M., Douglas County, Nevada filed in the Office of the County Recorder of Douglas County, Nevada on July 5, 1947, Assessor's Parcel No. 1318-10-417-044."

That the said WILFORD JOSEPH MILLER, one of the joint tenant grantees respecting said JOINT TENANCY DEED, died on the 8th day of January, 2011, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A"; that said certified copy of

BK PG

Death Certificate hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

That all interest in and to the above-described real property, vested absolutely in Affiant, namely, PHYLLIS M. MILLER, as of the date of the decedent's death.

DATED: This 14th day of April, 2011.

PHYLLIS M. MILLER

ACKNOWLEDGEMENT

STATE OF NEVADA

ss.

COUNTY OF DOUGLAS

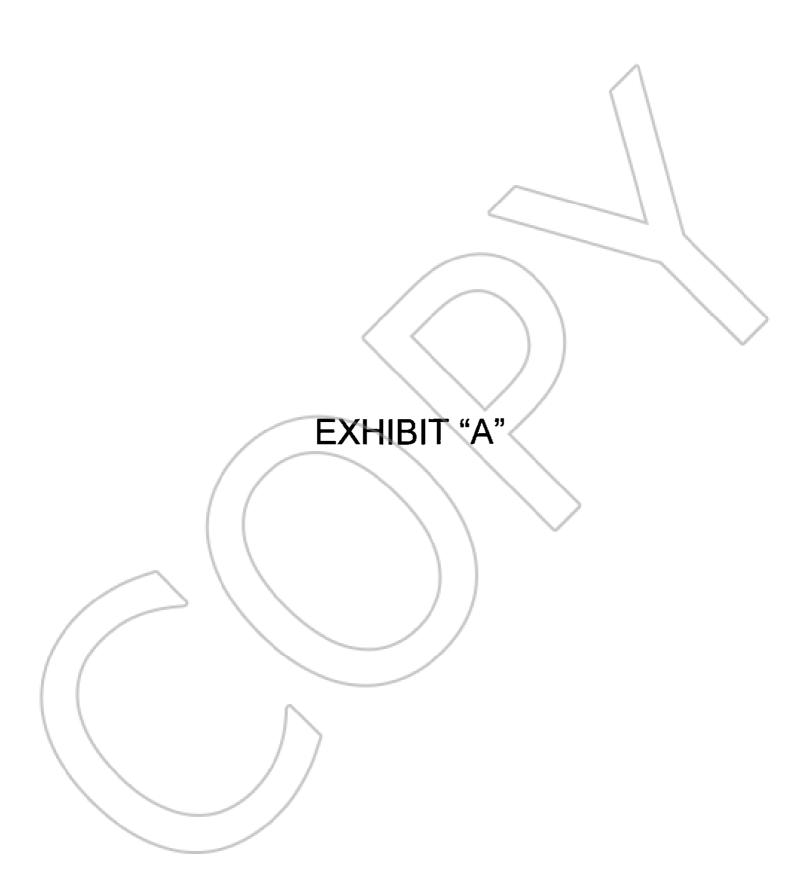
On the It day of April, 2011, before me, Jeffrey K. Rahbeck, Esq., a Notary Public, personally appeared PHYLLIS M. MILLER, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entities upon behalf of which the person acted, executed this instrument.

WITNESS my hand and official seal.

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STAVID DE NIEVAIDA

ERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

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TYPE OR			CENTIFICATE	OF DEATH	, ;	STATE FILE NUM	BER
PRINT IN	1a. DECEASED-NAME (FIRST,M	IDDLE LAST, SUFFIX)		t 🙃	2. DATE OF DEATH (Mo/I	Day/Year) 36. COL	INTY OF DEATH
PERMANENT BLACK INK	Wilford Joseph	MILLER	<u> </u>	1 - 1	January 08, 20		Carson City
4.	36. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPR		Name(If not either, give	a street 3e.if Hosp, or Ins Inpatient(Specify		ner. Rm. 4, SEX
DECEDENT	Carson City		Carson Tahoe Region			inpatient	Male
	5. RACE White (Specify)		. Hispanic Origin? Specify . No - Non-Hispanic	7a. AGE-Last birthday (Years)	75. UNDER 1 YEAR 7c. L	IRS I MINS	, , ,
		: 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1	<u> </u>	92	1.	: ∴. . Se	eptember 21, 1918
OCCURRED IN .	9a. STATE OF BIRTH (If not U.S.A. name country) Massachusel	t, 196. CITIZEN OF	WHAT COUNTRY 10.EDUCA d States 12	TION 11. MARRIED, NE DIVORCED (Spec	:VER MARRIED, WIDOWE :#V) Married	D. 12 SURVIVING maiden name)	SPOUSE (If wife, give Phyllis ORDWAY
SEE HANDBOOK	13. SOCIAL SECURITY NUMBER		CUPATION (Give Kind of Wor		14b. KIND OF BUSINES	SS OR INDUSTRY	Ever in US Armed
REGARDING OMPLETION OF	4854	Working Life, Ev	on if Delicad\	aller	Telecom	munications	Forces? Yes
RESIDENCE ITEMS	15e RESIDENCE - STATE 15	Sb. COUNTY	15c. CITY, TOWN OR	LOCATION 15d 8	TREET AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes
<u> </u>	Nevada	Douglas	Zephyr (Cove 623	Lakeview St.		or No) No
PARENTS	16. FATHER/PARENT - NAME (F			17. MOTHER/P.	ARENT - NAME : (First Mi	714.	
٠ ،		apoleon MEUN	T: 7 - 2 - 1 - 1	10/3		VIEIRA	
	18a. INFORMANT-NAME (Type o Phyllis		18b, MARLING A		F.D. No, City or Town, Stati k 433. Zephyr Cove, I		
	19a. BURIAL, CREMATION, REM		19b. CEMETERY OR CREM			LOCATION City of	r Town State
SPOSITION	Crematio			n's Sierra Cremato			Nevada 89706
	20a. FUNERAL DIRECTOR - SIGN	VATURE (Or Person Act	iog as Such) 20b. FUNER	AL 200 NAV	E AND ADDRESS OF FAC	HLITY	
		(NOEL	DIRECTOR L		Capitel City Memoria		
ADE CALL	SIGNATU TRADE CALL - NAME AND ADDR	RE AUTHENTICATE	7 to 7 to 7	20 1/2/23	1614 N Curry St	eet Carson City N	IV 89703
MDE CMEE			at the time, date and place and		a paste of examination and	or investigation. In my	opinion death occurred at
·	g of due to the cause(s) stated.	(Signature & Title) 51	GNATURE AUTHENTICA	TEO DE the lime, de	ste and place and dug to th	e cause(s) stated. (Sig	nature & Title)
CERTIFIER		AIG STEVEN R		TED D L the Unio, do	OPPORT HERE	22c. HOUR O	C OCATH
CCKIIFIEK	S January 12, 2011	ayr11) 21c. F	OUR OF DEATH	S E 220. DATE	SIGNED (Mo/DayIYY)	220. HOUR O	FUENIA
	21d. NAME OF ATTENDIN	G PHYSICIAN IF OTHE	Y V	22d. PROI	NOUNCED DEAD (Mo/Day	Mr) 22e. PRONOI	UNCED DEAD AT (Hour)
	,	Maiya,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	S 8, 7 %			
	23a. NAME AND ADDRESS OF DI	ENTIFIER (PHYSICIAN	ATTENDING PHYSICIAN, ME	DICAL EXAMINER OR	CORONER) (Type of Print	236. LICE	NSE NUMBER 10991
	24s DECISTRAD (Signatura)		880 Alder Ave., Ste. 2	124b. DATE RECEIVE		AC DEATH DUE TO C	DMMUNICABLE DISEASE
EGISTRAR	11,	. 7 1	ENGLISH	The mondaint in the	uary 13, 2011	YES 🗍	NO [X]
CAUSE OF			USE PER LINE FOR (a), (b),	FR 3. 3. 1.	13		between onset and death
DEATH	PART Acute Pari	creatitis 💝 🛴			ent damps (the sight of the sight of	Days	;
	DUE TO, OR AS	A CONSEQUENCE OF		र रहिंग र	THE RESERVE	. Interva	l between onset and death
ONDITIONS IF ANY WHICH	(b) Acute Cho	lecystitis 🦠 🦳		امر العاما ا		Days	
AVERISE TO .	DUE TO, OR AS	A CONSEQUENCE OF			感之 记 报证	- Interva	I between onset and death
GAUSE ->		piratory Failure	The state of the s	<u> </u>		Minu	
STATING THE SIDERLYING	DUE TO, OR AS	A CONSEQUENCE OF	The state of the s	1 July 1 July 1	1 4 4 5	Interva	between onset and death
AUSE LAST	(d)		- A		e prévé		•
-/ /	PART II OTHER SIGNIFICANT C	ONDITIONS-Conditions	contributing to death out not a	estriting in the angentying	cause given in Part 1	26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Year
/ /	Office ACC OFFICERS LIGHT UNIQUES		, i	- 一个 图图		, No	or No). Yes
.1 11	28s. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/	Day/Yr) . 28c, HOUR OF IN	JURY 284. DESCRIBE F	IOW INJURY OCCURRED		· ;
:	28e. INJURY AT WORK (Specify	281 PLACE OF INTERV	- At home, farm, street, fector	, office 28g. LOCATIO	N STREET OR R.F.	D, No. CITY OR TO	OWN STATE
:\	Yes or No)	building, etc. (Specify)	- writing this! shear iscoul	, union Jacquitochilo	ornael Uniteri	TNO. CITORIC	
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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.

01/13/2011 DATE ISSUED:

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



