

17-

OFFICIAL RECORD

Requested By:
ROWE & HALES

APN: 1420-28-701-036

RECORDING REQUESTED BY AND
MAIL TO:

HAROLD POTTS
1377 Jackie Lane
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0511 PG- 2594 RPTT: 0.00



Pursuant to NRS 239B 030(4), I affirm that
the instrument contained below (or attached hereto)
contains the social security number of a person.

AFFIDAVIT OF SURVIVING JOINT TENANT

HAROLD POTTS, being first duly sworn on oath, deposes and
states under the pains and penalties of perjury as follows:

1. That your affiant was married to Margaret Potts,
Deceased. Your affiant is the surviving spouse and joint tenant of
Margaret Potts.

Your affiant and Margaret Potts were married on 19 June
1959.

2. Your affiant and Margaret Potts were grantees in joint
tenancy with right of survivorship pursuant to that certain
Corporation Grant Deed dated 3 January 1995 and recorded 2 February
1995 in the official records of Douglas County, Nevada, as Document
No. 355483; Book 0295, Page 0301.

The grantees in the grant, bargain and sale deed are one
and the same as your affiant and Margaret Potts.

3. The joint tenancy property, with right of survivorship,
is located at 1377 Jackie Lane, Minden, Nevada 89423. The property

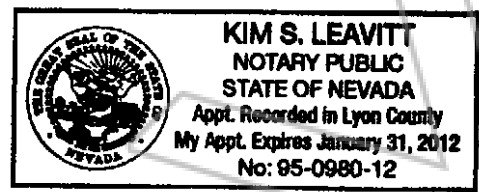


HAROLD POTTS, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

This instrument was acknowledged before me on this 12 day of May, 2011.



NOTARIAL OFFICER



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010019972
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) Margaret POTTS | | 2. DATE OF DEATH (Mo/Day/Year) December 28, 2010 | | 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 Female | | 7a. AGE - Last birthday (Years) 83 | | 8. DATE OF BIRTH (Mo/Day/Yr) March 22, 1927 | |
| 5. RACE - White (Specify) | | 6. Hispanic Origin? Specify: No - Non-Hispanic | | 7b. UNDER 1 YEAR: MOS, DAYS, 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 (if wife, give maiden name) Harold POTTS | | 13. SOCIAL SECURITY NUMBER 4308 | |
| 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) School Bus Driver | | 14b. KIND OF BUSINESS OR INDUSTRY School District | | 15. Ever in US Armed Forces? No | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 1377 Jackie Lane | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER - NAME (First Middle Last Suffix) Mike AVITA | |
| 17. MOTHER - NAME (First Middle Last Suffix) Clee DEAN | | 18a. INFORMANT - NAME (Type or Print) Harold POTTS | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1377 Jackie Lane Minden, Nevada 89423 | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation | | 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 <i>SIGNATURE AUTHENTICATED</i> | | 20b. FUNERAL DIRECTOR LICENSE 217 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410 | |
| 21. 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) LAURENCE GEORGE GAY M.D. <i>SIGNATURE AUTHENTICATED</i> | | | 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) January 05, 2011 | | 21c. HOUR OF DEATH 10:00 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 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) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871 | | 23b. LICENSE NUMBER 5152 | |
| 24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 07, 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) Cardiac Arrest | | | | Seconds | |
| (b) Sepsis | | | | Interval between onset and death | |
| (c) Aspiration Pneumonia | | | | Days | |
| (d) Dysphagia | | | | Interval between onset and death | |
| Days | | | | Interval between onset and death | |
| Weeks | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. Advanced Alzheimers, Hypertension | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 28a. ACC., BURIAL, 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- 0511
PG- 2597

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VRS-Rev-20100218

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: **01/07/2011**

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

R. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

