

16-

OFFICIAL RECORD

Requested By:  
DAVID M JUDD

✓ When Recorded, Mail to:  
DAVID M. JUDD  
926 CEM TERVILLE, CH.M.C.  
GARDNERVILLE, NEVADA 89460

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0811 PG-0212 RPTT: 0.00

APN: 1220-07-002-005



AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
)ss.  
COUNTY OF Douglas )

David M. Judd hereby swears (or affirms) under penalty of perjury that the following assertions are true of his/her own 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. I am DAVID M. JUDD, the person named as one of the grantees in that certain Grant, Bargain + Sale Deed recorded as Instrument No. 256431 in Book 791, of the Official Records in the Office of the County Recorder of Douglas County, Nevada. (See Exhibit "A") attached

3. The property which is the subject of the above-described deed is located in the county of DOUGLAS, state of Nevada, and is more particularly described as follows:  
(Here set forth the legal description and, if known, the physical address)

4. Florence Judd was one of the grantees named in said deed and is the identical person named as a single woman, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am DAVID M. JUDD's (describe family relationship, if any, of Affiant to deceased joint tenant).

5. As recited in the above-described Certificate of Death, Florence Judd died on the 17 day of June, 2011, in Gardnerville (City), Douglas County, NV (state).

David M Judd  
(TYPE AFFIANT'S NAME HERE)

(JURAT) STATE OF NEVADA  
COUNTY OF DOUGLAS

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME, D. BAKER, NOTARY PUBLIC  
DAVID M. JUDD ON AUGUST 2, 2011.

D. Baker  
D. BAKER, NOTARY PUBLIC

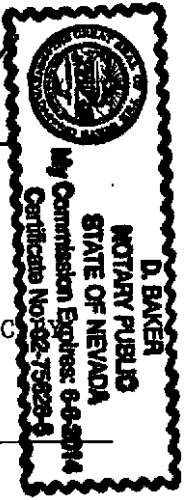


EXHIBIT "A"

Beginning at the Southeast corner of the land owned by Julian Larrouy on the North line of State Highway, Rt 56, also called Brockliss Road: thence North 8° 33' 15" West , 80.00 feet more or less, along the Easterly line of said Larrouy property: thence 55°37' 30" East 133.77 feet, along the Chris Cordes property: thence 7° 54' 50" West, 150.00 feet more or less along the Westerly line of the Lundergreen property to the Northerly line of State Highway Route 56, also called Brockliss Road; thence South 89° 36' 30" West 116.00 feet, along the Northerly line of State Highway, Route 56, to the point of beginning; said premises being situate in the SW ½ of the SE ¼ of Section 7, Township 12 North, Range 20 East, M.D.B and M., County of Douglas, State of Nevada.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any thereto belonging or appertaining , and any reversions, remainders, rents, issues , or profits thereof.

This legal description was previously  
Recorded as Doc. No.256431,  
Book 791,Page 5008 on 7/30/91

A.P.N 1220-07-002-005

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2011011546  
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) Florence Eva JUDD		2. DATE OF DEATH (Mo/Day/Year) June 17, 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) 926 Centerville Ln		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Female		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 11, 1932		9a STATE OF BIRTH (If not U S A, name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 6		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12 SURVIVING SPOUSE (if wife, give maiden name)	
13 SOCIAL SECURITY NUMBER [REDACTED] 6510		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Teachers Aide		14b KIND OF BUSINESS OR INDUSTRY Douglas County School District	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 926 Centerville Ln		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Peter ROKOWSKI	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Edna JUDD		18a INFORMANT- NAME (Type or Print) David JUDD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 926 Centerville Ln Gardnerville, Nevada 89410	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Garden Cemetery		19c. LOCATION City or Town State **	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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		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) <b>GREG HUBBARD</b> SIGNATURE AUTHENTICATED	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr) July 26, 2011		22c HOUR OF DEATH 20:55	
22a. PRONOUNCED DEAD (Mo/Day/Yr) July 26, 2011		22e. PRONOUNCED DEAD AT (Hour) 20:55		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Deputy GREG HUBBARD 1038 Buckeye Minden, NV 89423	
23b LICENSE NUMBER 262		24a REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 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 (a) Hypertensive DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerotic Cardiovascular Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Hypothyroidism DUE TO, OR AS A CONSEQUENCE OF: (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	
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- 0811  
PG- 214

0787377 Page: 3 Of 3 08/02/2011

VRS-Rev-20110104

**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: 07/27/2011

STATE REGISTRAR  
**Rod White**  
SIGNATURE AUTHENTICATED

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

