
Assessor's Parcel Number: 1320-19-212 -022	OFFICIAL RECORD Requested By: ROBERT MCGOVERN
Recording Requested By:	Douglas County - NV Karen Ellison - Recorder
Name: HOBERT M'GOVERN	Page: 1 Of 4 Fee: BK-0811 PG-1564 RPTT:
Address: 1057 WISTERIA DR	
City/State/Zip MINDEN, NU 89423	
Real Property Transfer Tax:	

AFFIDAVIT - DEATH IN (Title of Document)

17.00

JENANT

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C'bc docs/Cover page for recording



When Recorded Mail To: Ann Arnold Ferd P.O. Box 2576 Minden, NV 89423-2576

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That VIRGINIA ARLENE MC GOVERN, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VIRGINIA A. McGOVERN named as one of the parties in that certain Joint Tenancy Deed dated October 30th, 1989, executed by WESTERN NEVADA PROPERTIES, INC. by LEO HANLY, President Grantor to ROBERT W. McGOVERN AND VIRGINIA A. McGOVERN, husband and wife as joint tenants, recorded as Instrument No. 225186 on May 2, 1990 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF FOR LEGAL DESCRIPTION

Dated: August 9, 2011
achat 4 Mr Joven
ROBERT W. McGOVERN
STATE OF NEVADA)
COUNTY OF DOUGLAS)
OnAugust 9, 2011, 2011 , before me, a notary public, personally appeared _ROBERT W. McGOVERN_,
personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that
HE executed the instrument.
VICKY D. MORRISON NOTARY PUBLIC STATE OF NEVADA No. 94-0958-5 My Appt, Exp. No. 200
Notary Public Notary Public No.94-0958-5 My Appt. Exp. Nov. 1, 2011

EXHIBIT "A"

All those certain lots, pieces or parcels of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1:

Lot 116 in Block "B", as set forth as the map of WINHAVEN, UNTIL1, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989 as Document No. 194373.

A.P.N. 25-643-14

Together with a non-exclusive right of way for public road tithe incidents there to over and across all these certain named streets lying within the interior boundary lines of the hereinabove mentioned subdivision.

PARCEL 3:

Together with an appertenant exclusive roadway easement as granted to WESTERN NEVADA PROPERTIES, INC., a Nevada Corporation, more particularly described as Exhibit 2 "80 FOOT EASEMENT" set forth in Deed of Easement recorded July 9, 1986, i Book 786, of Official Records, at Page 782, Douglas County, Nevada, as Document No.137346. Said Easement is further imposed in Deed of Public Easement recorded July 9, 1986 in Book 786, of Official Records at Page 697, Douglas County, Nevada, as Document No. 137314.

PARCEL 4:

And further together with a non-exclusive public roadway easement executed by WESTERN NEVADA PROPERTIES, INC., a Nevada Corporation as more fully set forth in Deed of Public Easement recorded July 9, 1986 in Book 786, of Official Records, at Page 684, Douglas County, Nevada, as Document No. 137311.

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

VITAL STATISTICS

	_	DIVISION O	F HEALTH — SECTION C		^ <u>-</u>
			CERTIFICATE OF	EAIN	\
	LOCAL FILE NUMBER				STATE FILE NUMBER I COUNTY OF DEATH
OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF BEATH
IN	Virginia	Arlene	MC GOVERN	² February 11, 200	
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEAT		INSTITUTION-Name (If not either give	street and number) If Hosp, or inst indic	ate DOA, OP/Emer. SEX &
	20 Mara 1	20 1057 174 0	tamia Duissa	Зе.	6 4 Female
ECEDENT	3b. Minden	Was Decedent of Hispanic Ond	teria Drive	Last UNDER 1 YEAR UNDER 1	DAY DATE OF BIRTH (Mo , Day, Yr.)
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Ong specify Mexican, Cuban, Puerto		y (Years) MOS DAYS HOURS	1 1-1
1	5 White	6	7a		18. October 16, 1922 I SURVIVING SPOUSE (If wile, give maiden name)
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify high grade completed	WIDOWED, DIVORCED	4
OCCURRED IN INSTITUTION	9a South Dakota	9b U.S.A.	10 12 years	ii Married	12 Robert Mc Govern
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Giv Working Life, Even if Retire	e Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
COMPLETION OF RESIDENCE ITEMS	13. 6850		e Counselor	14b Law Enforcem	ent
(DUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY UMITS (Specify Yes or No)
L >	45.27		150 Mindon	15d 1057 175 nes	The state of the s
	TATHER—NAME First	b. Douglas	Last Minden Last MOTHER—M	15d. 1057 Wiste	Middle Last
PARENTS	LY LUED-VAINE SHOT	14	, of the state of	111	\ /
	16. Fred	198°	Tarbox 17	(Street or R.F. D. No , City or Tow	n State Zini
	INFORMANT—NAME (Type or Print)	/ *	MAILING ADDRESS	(alleet direct or to to to to to to	
	18a Robert Mc Gov	ern	18b. 1057 Wiste	ria Drive Minden,	Nevada 89423
	BURIAL, CREMATION, REMOVAL, O	THER (Specify) CEMETER	Y OR CREMATORY-NAME	LOCATION	City or Town State
	19a Cromotion	19b. 17a	Ironta Ciorra Cra	marory 19c Carson	City, Nevada
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE	FUNERAL	DIRECTOR NAME AND ADDRESS	matory 19c Carson DF ACILITY Walton's Doug	las County Mortuary
	(Or Person Acting as Such)	LICENSE 20b.	9 20c. 1478 Fou	rth Street, Minden,	Nevada 89423 53
	20a. 10 the best of mit knowled			20a On the basis of everymetron and/or i	DOMINOSO RISED COUNCE VITE IN ANTERNESSAY
ſ	To the best of my knowled due to the dausely) stated (Signature and Thie) DATE SIGNED (Mo., Day, 21b. 2/14/00 NAME OF ATTENDING PI	ige, death occurred at the time, dat	Con Con	at the time, date and place and due	to the cause(s) and manner stated
	ਉਲ੍ਹੇ (Signature and Title)	/\/\~~		S (Signature and Title)	HOUR OF DEATH
- 1	夏在 DATE SIGNED (Mo., Day,	Yr.) HOUR OF DE	ATH C	DATE SIGNED (Mo. Day. 11.)	
acaticica.	වි <u>දි</u> 21b. 2/14/00	.° 21c.	1042		22c.
CERTIFIER	NAME OF ATTENDING P	HYSICIAN IF OTHER THAN CERT		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	₩ 21d			- 22d. ON .	22e AT
	NAME AND ADDRESS O	F CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXAMINE	R, OR CORONER) (Type or Print)	LICENSE NUMBER
	1	16.		ville, Nevada 89410	235. 7446
`	REGISTRAR	w. Lastey, 110/	DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
CONDITIONS IF ANY WHICH GAVE		1 1/2 1		5, 2000 24c. YES	
RISE TO	24a. (Signature)	P. Dupar		J, 2000 200 120	Interval between onset and death
MMEDIATE /	25. IMMEDIATE CAUSE (ENTE	R ONLY ONE CAUSE PER LINE	OH (a). (6) AND (c)	*	*
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) VCC	mulm	- Frederick	بلسم	Interval between onset and death
CAUSE LAST	DUE TO, OR AS A TO	ONSEQUENCE OF.		\wedge	ItifatASI hatwaszi miset and ceam
- V -	/ (b) (\(\sum_{i}\)	none	3 bothers	July Hora	<u> </u>
_	DUE TO, OR AS A C	ONSEQUENCE OF		1 0	Interval between onset and death
	(0)			_	:
CAUSE OF	(c) PART OTHER SIGNIFICANT CO	ONDITIONS—Conditions contributing	g to death but not resulting in the underly	ring cause given in Part 1 AUTOPSY	(Specify WAS CASE REFERRED TO s or No) CORONER (Specify Yes or No)
DEATH	1711			²⁶ No	27. Yes
\ I	ACC , SUICIDE, HOM , UNDET., I	DATE OF INJURY (Mo., Day, Yr.) HC	UR OF INJURY DESCRIBE HO	W INJURY OCCURRED	109
- \	OR PENDING INVEST.	7			
\ \	208	286 286		STREET OR R.F D. No.	CITY OF TOWN STATE
/	NJURY AT WORK (Specity Yes or No.)	PLACE OF INJURY—At home, farm building, etc. (S	n, street factory, office LOCATION	STREET OR N.F D. NO.	Sill Sill Sill Sill Sill Sill Sill Sill
ţ	k i No.	28t.	289 1841 1841 1851 1851 1851 1851 1851 1851 1851 1851 1851 1851 1851 1851 1851 1851	ll pre coss	`
<u>_</u> 1				BK- 0811	No.159162 £
				N PG- 1567 08/10/2011	MOTOSTON X
		0787707	Page: 4 Of 4	08/10/2011	
			STATE REGISTRAR	/ _	
			# 11 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	rect copy	
7.36		This is to sentify the	the chave is a twice and an-	Jonne J	Wa- R
		of the certificate on i	the above is a true and cor ile in this office.	rect copy	
	(中方王·罗多/1)			•	
		Date legued:	ED 2 2 2000	•	tota Registrer