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Assessor's Parcel Number: 1320-29-212-022

Recording Requested By:

✓ Name: ROBERT MCGOVERN

Address: 1057 WISTERIA DR

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax: _____

DOC # **0787707**
08/10/2011 10:01 AM Deputy: GB
OFFICIAL RECORD
Requested By:
ROBERT MCGOVERN

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0811 PG- 1564 RPTT: 0.00



AFFIDAVIT-DEATH OF JOINT TENANT
(Title of Document)

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.

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


ROBERT W. McGOVERN

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On August 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.


Notary Public

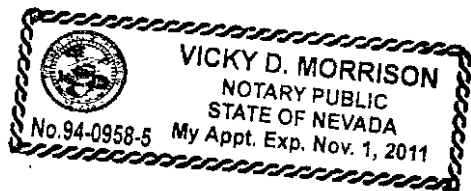


EXHIBIT "A"

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 title 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:

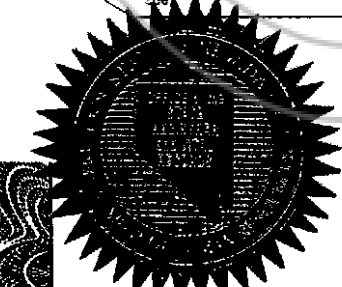
And further together with a non-exclusive public roadway easement executed by WESTERN NEVADA PROPERTIES, INC., a Nevada Corporation as more fully set forth in Deed of Public Easement recorded July 9, 1986 in Book 786, of Official Records, at Page 684, Douglas County, Nevada, as Document No. 137311.

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1 Virginia Arlene MC GOVERN		2 February 11, 2000	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either give street and number)	
3b. Minden		3c. 1057 Wisteria Drive	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 77	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. South Dakota		11. Married	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. 6850		14b. Law Enforcement	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Fred Tarbox		17.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Robert Mc Govern		18b. 1057 Wisteria Drive Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>Ammy Dunbar</i>		20c. 1478 Fourth Street, Minden, Nevada 89423 53	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		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) and manner stated (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 2/14/00		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1842		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER	
23a. Dr. Evan W. Easley, 1107 Hwy. 395, Gardnerville, Nevada 89410		23b. 7446	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>Weta A. Kuchana</i>		24b. Feb. 15, 2000	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART (a) Respiratory Failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(b) Chronic obstructive pulmonary disease		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	



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STATE REGISTRAR

Syonna Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: FEB 23 2000

State Registrar