

Mail Tax Statements and
When Recorded Mail To:

✓ JOLENE M. DAVIS
2677 Wildhorse Lane
Minden, NV 89423
1420-33-310-014
A.P.N. 21-332-03

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0911 PG- 0057 RPTT: 0.00



I, the undersigned hereby
affirm that this document
submitted for recording DOES
contains the social security
number of a person as required
by law: NRS 40.525 Sec. 5

AFFIDAVIT OF DEATH OF JOINT TENANT

JOLENE M. DAVIS, does hereby swear under penalty of
perjury that the assertions of this affidavit are true and
deposes and says that Affiant is over the age of 18 years
and competent to be a witness as to the matters hereinafter
stated

1. I am the surviving joint tenant of DARYL B. DAVIS,
the deceased joint tenant in the property described herein.

2. The joint tenancy was created by a Deed, recorded
on October 20th, 1994, as Document No. 348996 the records of
the office of the Recorder of Douglas County, State of
Nevada.

3. The description of the real property is as
follows:

Lot 174, in Block C, as set forth on FINAL MAP OF WILDHORSE UNIT 5, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County State of Nevada on January 27, 1993, in Book 193. Page 3866 as Document No. 298258, of Official Records of Douglas County, Nevada.

APN: 21-332-03

4. The deceased joint tenant's name is DARYL B. DAVIS, who died on August 20, 2009, in Douglas County, Nevada. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 30th day of August, 2011.

Jolene M. Davis
JOLENE M. DAVIS

SUBSCRIBED and SWORN TO before me this 30th day of August, 2011.

[Signature]
NOTARY PUBLIC in and for said County and State.

HEATHER A. HARPER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 08-10638-2 - Expires June 26, 2013

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009012491

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) Daryl Bruce DAVIS		2. DATE OF DEATH (Mo/Day/Year) August 20, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71	
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 0554		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Field Office Representative		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2677 Wildhorse Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) May 07, 1938	
16. FATHER - NAME (First Middle Last Suffix) Solomon DAVIS			17. MOTHER - NAME (First Middle Last Suffix) Ione COOMBS		
18a. INFORMANT- NAME (Type or Print) Jolene DAVIS		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 2677 Wildhorse Lane Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) ALELI VIDAD M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) August 27, 2009		21c. HOUR OF DEATH 20:16			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				22b. DATE SIGNED (Mo/Day/Yr)	
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) ALELI VIDAD M.D.- 1600 Medical Parkway Carson City, NV	
23b. LICENSE NUMBER 12435				24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 31, 2009				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) Cardiorespiratory Arrest				Minutes	
(b) Acute Intracranial Hemorrhage				Days	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a. ACC., SUICIDE, 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



0788969

Page: 3 Of 3

BK- 0911
 PG- 59
 09/01/2011

VRS-Rev-20090602

290646

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:

SEP 03 2009
 09/03/2009

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

PENCO (Rev) 11/06

R. D. White
 R. D. White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE