

16

OFFICIAL RECORD

Requested By:
SHARI LYNN TILMAN

When Recorded, Mail to:

✓ SHARI LYNN TILMAN
1316 SARATOGA ST.
MINDEN, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0911 PG-1712 RPTT: 0.00

APN: 1420-28-701-054



AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF _____)

SHARI LYNN TILMAN 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.

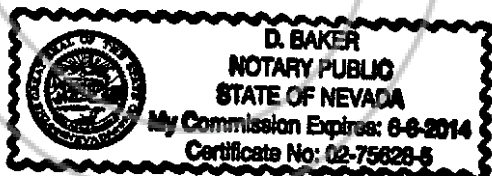
2. I am SHARI LYNN TILMAN, the person named as one of the grantees in that certain _____ Deed recorded as Instrument No. 127869 in Book 1285, of the Official Records in the Office of the County Recorder of DOUGLAS County, Nevada.

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:

SEE Exhibit A

4. JAMES WAYNE TILMAN was one of the grantees named in said deed and is the identical person named as JAMES WAYNE TILMAN the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am JAMES WAYNE TILMAN's WIFE

5. As recited in the above-described Certificate of Death, JAMES WAYNE TILMAN died on the 1 day of JAN, 2009, in RENO, NEVADA County, WASHOE.



Shari Lynn Tilman
(TYPE AFFIANT'S NAME HERE)

SHARI LYNN TILMAN

(JURAT)

STATE OF NEVADA
COUNTY OF DOUGLAS

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME, D. BAKER, NOTARY PUBLIC BY
SHARI LYNN TILMAN ON 9/12/11, 556



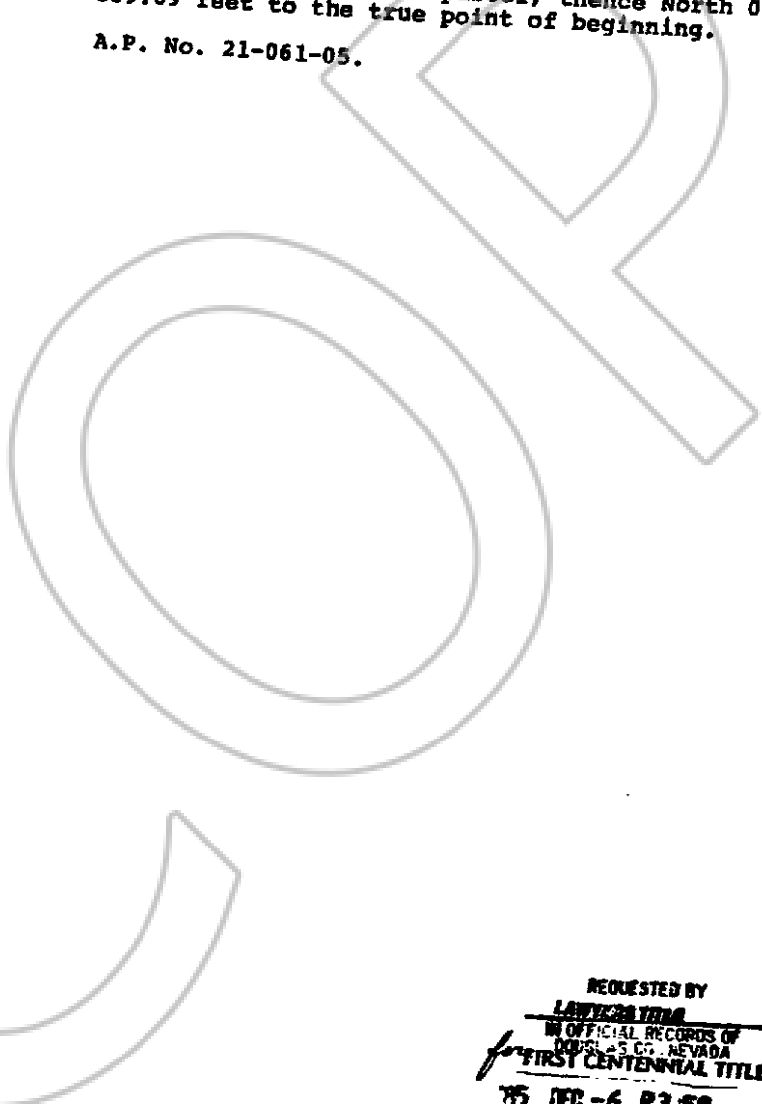
Exhibit A

All that certain real property situate in the County of Douglas,
State of Nevada, described as follows:

A parcel of land located in the Northwest Quarter of the
Southeast Quarter of Section 28, Township 14 North, Range
20 East, M.D.B.&M., described as follows:

Commencing at the center of said Section 28; proceed South
0°08' West 981.87 feet, along the 1/4 section line, which
is also the centerline of Vicky Lane, an 80-foot County
Road, to a point; thence North 89°54' East 536.06 feet, to
the true point of beginning, which is the Northwest corner
of the parcel; continue thence North 89°54' East 123.94
feet to the Northeast corner of the parcel; thence South
0°08' West 339.69 feet to the Southeast corner of the
parcel; thence South 89°54' West 123.94 feet along the
Northerly right of way line of Saratoga Drive to the
Southwest corner of the parcel; thence North 0°08' East
339.69 feet to the true point of beginning.

A.P. No. 21-061-05.



REQUESTED BY
~~LAWYER'S TITLE~~
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA
for FIRST CENTENNIAL TITLE CO.

75 DEC -6 P3 58

SUZANNE SEAUOREAU
RECORDER

Exhibit SA 6⁰⁰ PAID AL DEPUTY

LAW OFFICES OF
HENDERSON & NELSON
104 HUBBARD WAY
SUITE 20
RENO, NEVADA 89502

127869
BOOK 1285 PAGE 533

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009000238
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) James Wayne TILMAN		2. DATE OF DEATH (Mo/Day/Year) January 01, 2009		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 063		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 12, 1945		9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		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) Shari Lynn DEHART	
13. SOCIAL SECURITY NUMBER 4922		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Torpedomans Mate		14b. KIND OF BUSINESS OR INDUSTRY U. S. Navy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1316 Saratoga St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) James Marion TILMAN			17. MOTHER - NAME (First Middle Last Suffix) Amelia Jane MOORE		
18a. INFORMANT- NAME (Type or Print) Shari Lynn TILMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1316 Saratoga St. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City, NV 89703	
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) BRUCE WILLIAM DENNEY M.D. SIGNATURE AUTHENTICATED		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 07, 2009		21c. HOUR OF DEATH 23:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 of Print) Bruce William Denney M.D. Pulmonary Medicine Associates Reno, NV, 89503				23b. LICENSE NUMBER 10809	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 13, 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) Anoxic encephalopathy					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Myocardial infarction					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Atherosclerotic coronary artery disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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

565235

BK- 0911
PG- 1714
0789372 Page: 3 Of 3 09/12/2011

VRS-Rev-2008T

251080 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:

This copy is not valid unless accompanied by the engraved border displaying date, seal and signature of Registrar.

Randall White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

