**APN#**: 1318-03-111-007

DOC # 789984
09/23/2011 10:54AM Deputy: SG
OFFICIAL RECORD
Requested By:
Western Title Company
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-911 PG-4069 RPTT: 0.00

Recording Requested By:
Western Title Company
Escrow No.: 042191-ARW
When Recorded Mail To:
Elaine J. Clark

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature

Anu Wright

Escrow Officer

## **Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)



PG-4070 789984 Page: 2 of 4 09/23/2011

## AFFIDAVIT - DEATH OF JOINT TENANT

I, Elaine J. Clark, of legal age, being first duly sworn, deposes and says:

That <u>Vernon A. Clark</u>, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vernon A. clark named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/17/1997 executed by Lawrence J. Thompson and Teresa L. Thompson, Husband and Wife to Vernon A. Clark and Elaine J. Clark, Husband and Wife as joint tenants, recorded as instrument No. 417989, on 7/25/1997, in Book 0797, Page 4405, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 76, as shown on the map of SKYLAND SUBDIVISION UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada on July 22, 1959 in Book 1 of Maps, document No. 14668.

TOGETHER WITH all Beach Rights as contained in Deed to Skyland Water Co., recorded February 5, 1960 in Book 1, Page 268, Document No. 15573, Official Records of Douglas County, State of Nevada.



BK 911 PG-4071 789984 Page: 3 of 4 09/23/2011

}SS

Affidavit - Death of Joint Tenant - Page 2

aine of Clark Surviving Joint Tenant

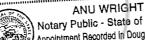
STATE OF NEVADA

COUNTY OF **DOUGLAS** 

This instrument was acknowledged before me on September 13,201

by Elaine J. Clark.

Notary Public



Notary Public - State of Nevada Appointment Recorded in Douglas County No: 03-80889-5 - Expires March 20, 2015

## **COUNTY OF RIVERSIDE**

## RIVERSIDE, CALIFORNIA

i.	CERTIFICATE OF DEATH STATE OF CULTIONIN. USE BLACK NR CHLY IN PROXIDES, WHITEOUTS OR ALTERATIONS						3201133007029			
	STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST (Given)	VS-11a(REV 3/06)			OR ALTERATIONS  3. LAST	(Familia)	NUMBER			
DECEDENT'S PERSONAL DATA	VERNON	٠.	ANSEL		yî et	CLA			\	\
	AKA, ALSO KNOWN AS - Include full AKA (FIRS	T, MIDDLE, LAST)			4. DATE OF	F BIRTH mm/dd/ccy /1930		UNDER ONE YEAR IF	UNDER 24 HOURS ours Minutes	6. SEX
	9. BIRTH STATE/FOREIGN COUNTRY 19	SOCIAL SECURITY NUM	18ER.   11.EVER	IN U.S. ARMED F			1	, DATE OF DEATH mm/di	Vccyy 8. HOUR	(74 Hours)
	CA HARAMAN II	5967	<u> </u>	ES X NO		MARRIED		07/01/2011	1118	}
DENT	13. EDUCATION – Hignest Level/Degree (see worksheet on back) ASSOCIATE  14/15, WAS	DECEDENT HISPANICALAT	INO(AVSPANISH? (II y	ves, see worksheet or		CAUCASIA		y be listed (see worksheet i	on back)	1
.	17. USUAL OCCUPATION - Type of work for mo	st of life. DO NOT USE RE	1			DUSTRY (e.g., grocer	y store, road constructio	in, employment agency, etc		CCUPATION
	LOBBYIST  20. DECEDENT'S RESIDENCE (Street and number)	per, or location		POLITICA	\L				38	
NCE	49974 EL CIRCULO			1.		. 1		The state of the s		
	LA QUINTA		TY/PROVINCE RSIDE	3.4	23. ZIP 0	• /	24. YEARS IN COUNTS	25. STATE/FOREIGN	COUNTRY	
MANT F	26. INFORMANT'S NAME, RELATIONSHIP	1		27. INFOF		1000			state and zip)	7
	26. INFORMANT'S NAME, RELATIONSHIP  ELAINE J. CLARK, SPOUSE  29. NAME OF SURVIVING SPOUSE/SRDP-FIRST  29. MIDDLE  27. INFORMANT'S MAILING ADDRÉSS (Street and number, cirval route number, cirval route number, cirval route number, cirval route and zip)  49974 EL CIRCULO, LA QUINTA, CA 92253									
SPOUSE/SRDP AND PARENT INFORMATION	ELAINE	2	J. (1	* 10° - 34		CHESSI	700	1		
	31. NAME OF FATHER/PARENT-FIRST	3	32. MIDDLE	7	1	33. LAST CLARK			34. BIRTH	STATE
	35. NAME OF MOTHER/PARENT-FIRST	3	6. MIDDLE		$\leftarrow$	37. LAST (BIRTH	17 181 1		38, BIRTH	STATE
	ETTA LOUELLA	<u> </u>		*		JACKSO	N		NE	
FUNERAL DIRECTOR/ LOCAL REGISTRAR		LACE OF FINAL DISPOSIT				1		/		
	41. TYPE OF DISPOSITION(S)			NATURE OF EMB	1 Thursday		7	7	43. LICENSE NUM	ABER
	CR/RES  44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMOF	1 - 31-3	1	OT EMBA		JRE OF LOCAL REG	ISTRAR		47. DATE mm/dd	Иссуу
	MORTUARIES	RIAL PARKS &	FD 1	1847		CK. FRYK			07/05/20	11
PLACE OF DEATH	102. IF HOSPITAL SPECIFY ONE 103. IF OTHER THAN HOSPITAL, SPECIFY ONE 103. IF OTHER THAN HOSPITAL, SPECIFY ONE 103. IF OTHER THAN HOSPITAL SPECIFY ONE 103. IF OTHER T									
	104, COUNTY 10	S. FACILITY ADDRESS OF		FOUND (Street a	nd number, o	r location)	V 1	106. CITY	MIRAGE	
CAUSE OF DEATH	107. CAUSE OF DEATH Enter	the chain of events disea	ses, injunes, or comple	cations that ore	city caused de	ath, DO NOT enter ton	minal events such	Time Interval Between		TOCOPONER
	IMMEDIATE CAUSE (A) RESPIRAT	rdac arrest, respiratory arres ORY FAILUR		ion without showing	the elology.	DO NOT ABBREVIATE		Onset and Death (AT)	YES NEFTHBUL MAIN	X NO
	condition resulting in death)	TIC ADENOC	A DOINOMA	A OF THE	LUMC	$\rightarrow$	<u> </u>	: MIN.	109, BIOPSY PERF	ORMED?
	Sequentially, list conditions, if any,	HC.ADENOC	ARCINONA	- OF THE	LUNG			MOS.	X YES	NO
	leading to cause on Line A. Enter UNDERLYING CAUSE (disease or	i i vi	da J.	:27			i i i	(CT)	110. AUTOPSY PER	FORMED? NO
	Injury that initiated the events (D)			- :				מסן	111, USED IN DETERMI	
	112, OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RESULTING IN	THE UNDERLYIN	G CAUSE GI	VEN IN 107		<u> </u>	YES	NO NO
	NONE									
and the same	NO NO	CONDITION IN ITEM 107	OR 112? (If yes, list to	ype of operation a	nd date.)			1134	YES NO	INLAST YEAR?
PHYSICIAN'S CERTIFICATION	114 I CERTIFY THAT TO THE BEST OF MY KNOWLED AT THE HOUR, DATE, AND PLACE STATED FROM THE	CALISES STATED.	. SIGNATURE AND T	1 1 1 1 1 1 1 1 1	1	7	F.G	116. LICENSE NUM	BER   117. DATE mi	n/dd/ccyy
	Tax.		GLORIA RA			ADDRESS, ZIP COD		G75509	07/05/2	J11
	03/13/2010 06/30/2						05, RANCH	AE ENGEL, M O MIRAGE, C	A 92270	
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY CPINON DEATH OCCUP MANNER OF DEATH Natural AC	RED AT THE HOUR DATE, AN	Cuinter P	ording vestigation	Could not be determine	be   vee	D AT WORK?	1	mm/dd/ccyy 122. HO	UR (24 Hours)
	123. PLACE OF INJURY (a.g., home, construc	tion site, wooded area, etc		TOO PLANT						····
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)									
	14									
	125, LOCATION OF INJURY (Street and number, or location, and city, and zip)									
<b>N</b>	126. SIGNATURE OF CORONER / DEPUTY C	ORONER	en e	127. DATE m	m/dd/ccyy	128. TYPE NAM	IE, TITLE OF CORONE	R / DEPUTY CORONER		
79	<b>L</b>			<u> </u>		4 35				

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officiall placed on file in the office of the County of Riverside, Department of Health.

Jul 12, 2011



000972592\*

REGISTRAR OF VITAL STATISTICS



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