

APN 1319-10-111-027

**RECORDING REQUESTED BY AND
AFTER RECORDING
MAIL AFFIDAVIT TO:**

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0212 PG- 2935 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Allen J. Hayes
PO Box 373
Genoa, NV 89411

We the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40 525(5)]

AFFIDAVIT OF DEATH OF JOINT TENANT

I, ALLEN J. HAYES, being duly sworn say:

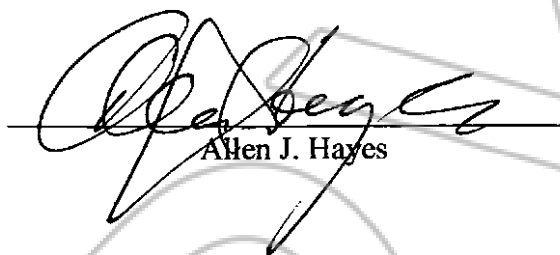
1. I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as MELANIE A. HAYES, also known as MELANIE ANN HAYES, who is named with me as one of the parties in the deed dated August 13, 2003, executed by JEFF J. WHITE and MARIE A. WHITE, Trustees of the JEFF J. WHITE FAMILY TRUST Dated December 1, 1979, and granted to ALLEN J. HAYES and MELANIE A. HAYES, also known as MELANIE ANN HAYES, husband and wife, as Joint Tenants with right of survivorship, recorded as Instrument No. 0589240 on September 9, 2003, in Book 0903, Page 04056, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

Lot 121 as set forth on the final map of GENOA LAKES PHASE 3 UNIT 2, A Planned Unit Development, recorded May 1, 1995, in Book 595 of Official Records at Page 78, Douglas County, Nevada, as Document No. 361251.

Together with all and singular the tenements, hereditaments and appurtenances, thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

2. As a result of the death of my wife, MELANIE ANN HAYES, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: January 19, 2012.

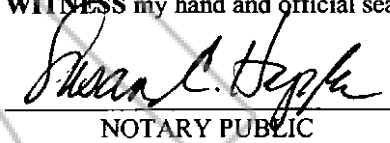

Allen J. Hayes

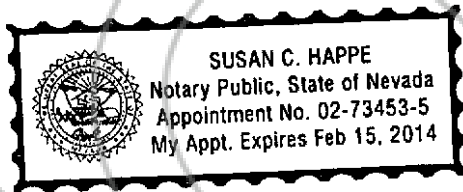
JURAT

State of Nevada)
County of Douglas)

Signed and Sworn to before me on January 19, 2012 by ALLEN J. HAYES.

WITNESS my hand and official seal.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009008771
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Melanie Ann HAYES		2. DATE OF DEATH (Mo/Day/Year) June 11, 2009		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2391 Genoa Highlands Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 60	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1949	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Colorado		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) Allen HAYES		13. SOCIAL SECURITY NUMBER 5140	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Domestic		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
DISPOSITION	15d. STREET AND NUMBER 2391 Genoa Highlands Drive		16 FATHER - NAME (First Middle Last Suffix) James Henry CONKLIN		17. MOTHER - NAME (First Middle Last Suffix) Joan Helen AKSAMIT	
	18a. INFORMANT- NAME (Type or Print) Allen HAYES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 373 Genoa, Nevada 89411			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lomp Ln Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOE HILLBRICK MD 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) June 16, 2009		21c. HOUR OF DEATH 08:35		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Doctor JOE HILLBRICK MD 1685 US HWY 395 N #A Minden, NV 89423		23b. LICENSE NUMBER 962		24a. REGISTRAR (Signature) JENELLE BALDWIN SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 19, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26 AUTOPSY (Specify Yes or No) No	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I		(a) Lung Cancer		Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF		(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		(c)		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF		(d)		Interval between onset and death		
PART II		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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

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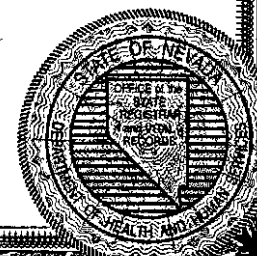
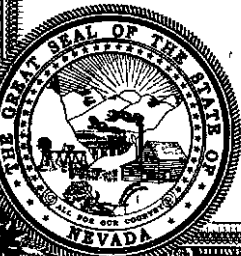
278154 CERTIFIED COPY OF VITAL RECORDS

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 on engraved border displaying date, seal and signature of Registrar.

R. Hillbrick
SIGNATURE AUTHENTICATED



3001250

VR-Rev-20080602