

APN: 1320-29-212-022

Recording Requested By and After Recordation
Return By Mail This Affidavit To:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0212 PG- 3664 RPTT: 0.00

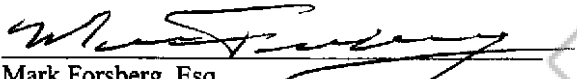


✓ Mark Forsberg, Esq.
Scarpello & Huss, Ltd.
600 E. William St.
Carson City, NV 89701

Mail Tax Statements To:
Ferol A. Arnold
1057 Wisteria Drive
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

This document includes the social security number of the decedent as required by NRS 40.525(5).


Mark Forsberg, Esq.

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
 :
 : ss.
CARSON CITY)

FEROL ANN ARNOLD hereby swears or affirms under penalty of perjury that the following assertions are true of 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 **FEROL ANN ARNOLD**, the person named as one of the grantees in that certain Grant, Bargain and Sale Deed recorded as Document No. 0793196 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada.
3. The property which is subject to the above-described deed is located in Douglas County, State of Nevada, and is more particularly described as follows:

See Exhibit "A" attached hereto.
APN: 1320-29-212-022

4. **ROBERT W. McGOVERN** was one of the grantees named in said deed and is the identical person named as **ROBERT W. McGOVERN**, the decedent, in that certain Certificate of

Death, a certified copy of which is annexed hereto and made a part hereof. I am the daughter.

5. As recited in the above-described Certificate of Death, **ROBERT W. McGOVERN** died on the 8th day of December, 2011, in Minden, Douglas County, State of Nevada.

DATED this 17th day of February, 2012.

Ferol Ann Arnold
FEROL ANN ARNOLD

Subscribed and sworn to before me
this 17th day of February, 2012.

Linda Gilbertson
Notary Public

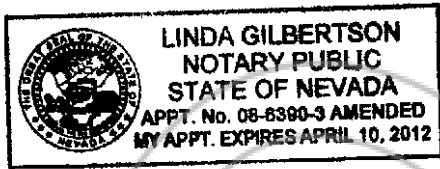




Exhibit A

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, UNTIL 1, 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.

APN 25-643-14

Together with a non-exclusive right of way for public road title incidents thereto over and across all these certain named streets lying within the interior boundary lines of the hereinabove mentioned subdivision.

PARCEL 3:

Together with an appurtenant 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, in 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.



Exhibit B

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2011019495

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

BK- 0212 PG- 3668 02/21/2012 Page: 5 Of 5 0797559

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert W MCGOVERN		2. DATE OF DEATH (Mo/Day/Year) December 08, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1057 Wisteria Dr		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 90		8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1921	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name):		13. SOCIAL SECURITY NUMBER 0902	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Firefighter		14b. KIND OF BUSINESS OR INDUSTRY Fire Department		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1057 Wisteria Dr.		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert T MCGOVERN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jeanette WALKER	
18a. INFORMANT- NAME (Type or Print) Ferol ARNOLD		18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 1057 Wisteria Dr 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 89708	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89708	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED KELLE BROGAN M.D.					
21b. DATE SIGNED (Mo/Day/Yr) December 15, 2011		21c. HOUR OF DEATH 11:00		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) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503			
23b. LICENSE NUMBER 6000		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2011	
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 (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF (b) Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF (c) Aortic Valve Stenosis DUE TO, OR AS A CONSEQUENCE OF (d) Diabetes			
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. INJURY AT WORK (Specify Yes or No)		28b. 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

415816

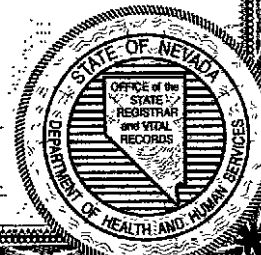
CERTIFIED COPY OF VITAL RECORDS

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: 12/21/2011

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



VRS-Rev 20110104