

16-

OFFICIAL RECORD
Requested By:
NANCY REY JACKSON

Assessor's Parcel Number: 1420-08-411-004

Recording Requested By:

Name: Nancy Rey Jackson, Ltd.
Address: 1591 Mono Avenue
City/State/Zip: Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0212 PG- 4859 RPTT: # 5



Mail Tax Statements to:

Name: Joseph R. Burnett
Address: 3321 Conte Drive
City/State/Zip: Carson City, NV 89701

Please complete Affirmation Statement below:

XX I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: _____ (state specific law)

Carrie M. Jackson
Signature (Print name/under signature)

Secretary
Title

DEATH OF GRANTOR AFFIDAVIT

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: _____ (Document Title), Book: _____ Page: _____
Document # _____ recorded _____ (Date) in the _____ County Recorders Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fees apply)

APN 1420-08-411-004

Recording requested by and mail documents and tax statements to:

Joseph R. Burnett
3321 Conte Drive
Carson City, NV 89701

DEATH OF GRANTOR AFFIDAVIT

JOSEPH R. BURNETT, being duly sworn, deposes and says that DELOROUS BARBER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DELOROUS BARBER named as grantor in the deed recorded on February 11, 2010, in Book 0210, at page 2451, records of Douglas County, Nevada, covering the following described real property:

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 15, IN BLOCK R, AS SET FORTH ON FINAL MAP NO.1001-9 OF SUNRIDGE HEIGHTS, PHASES 6B, 7A AND 8B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 30, 1996, IN BOOK 196, PAGE 5112, AS DOCUMENT NO. 380052 AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 2, 1996, IN BOOK 296, PAGE 251, AS DOCUMENT NO. 38051.

APN: 1420-08-411-004

JUDY INNS and THOMAS O'NEILL are the grantees to whom the real property is conveyed upon the death of the grantor DELOROUS BARBER. Joseph R. Burnett is their authorized representative.

Dated this 3 day of February, 2012.

Joseph R. Burnett
JOSEPH R. BURNETT

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

On this 3rd day of February, 2012, personally appeared before me, a Notary Public, Joseph R. Burnett, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

[Signature]
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011020617
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) Delorous Rose BARBER		2. DATE OF DEATH (Mo/Day/Year) December 30, 2011		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) 996 Desert Dr.		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 100	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) December 17, 1911	
9a. STATE OF BIRTH (if not U.S.A., name country) Missouri		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	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Stenographer		14b. KIND OF BUSINESS OR INDUSTRY L A Police Department		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 996 Desert Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Arsine RENAUD	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna DOSENBACH		18a. INFORMANT - NAME (Type or Print) Joseph R BURNETT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3321 Conte Dr Carson City, Nevada 89701	
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) JOSH FAULKNER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 775		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) KELLE BROGAN 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 05, 2012			21c. HOUR OF DEATH 21:50		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) January 09, 2012			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) Debility Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Cerebrovascular Disease 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 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I					
26. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify)					
26a. DATE OF INJURY (Mo/Day/Yr)					
26b. HOUR OF INJURY					
26c. DESCRIBE HOW INJURY OCCURRED					
26d. 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)					
28c. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE					

STATE REGISTRAR



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PG- 4861
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VRS-Rev-20110104

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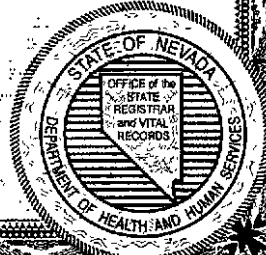
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CERTIFIED COPY OF VITAL RECORDS

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: 01/09/2012

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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