

OFFICIAL RECORD

Requested By:
SANDRA MCNEILL

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0312 PG- 677 RPTT: 0.00



When Recorded, Mail to:

SANDRA J MCNEILL
1313 JACKIE LN
MINDEN, NV 89423

APN: 1420-28701047

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

SANDRA J MCNEILL 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 SANDRA J MCNEILL, the person named as one of the grantees in that certain DEED Deed recorded as Instrument No. 153493 in Book 487, 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:
(Here set forth the legal description and, if known, the physical address)

4. JOHN M MCNEILL was one of the grantees named in said deed and is the identical person named as JOHN MICHAEL MCNEILL the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am JOHN M MCNEILL's WIFE
(Affiant to deceased joint tenant).

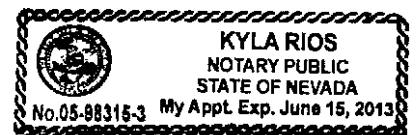
5. As recited in the above-described Certificate of Death, JOHN MICHAEL MCNEILL died on the 27th day of DEC, 2001, in MINDEN, DOUGLAS County, NEVADA

SANDRA J MCNEILL
Sandra J McNeill

State of Nevada
County of CARSON CITY
(JURAT)

Sworn to and subscribed before me on the 2 day of March, 2012

Kyle Rios
Notary Public's Signature
My Commission Expires June 15, 2013



When recorded mail to:
Mr. and Mrs. John M. McNeill
Rt. 3 1313 Jackie Lane
Minden, Nv 89423

D.T.T. -0- DEED
Pd. Under Agmt. of Sale
recorded 8/8/84 in Book 884 at Page
824 as Document No. 104802

THIS INDENTURE, made and entered into this 9th day of August, 1984, by and between HAROLD C. MYERS and GRACE H. MYERS, husband and wife, parties of the first part, and JOHN M. McNEILL and SANDRA J. McNEILL, husband and wife, as joint tenants with right of survivorship, parties of the second part, whose address is:

W I T N E S S E T H :

That the said parties of the first part, in consideration of the sum of TEN DOLLARS (\$10.00), lawful money of the United States of America, to them in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged, do by these presents, grant, bargain and sell unto the said parties of the second part, and to the survivor of them and to the heirs and assigns of such survivor forever, all that certain real property situate in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said parties of the second part, and to the survivor of them and to the heirs and assigns of such survivor forever.

IN WITNESS WHEREOF, the parties of the first part have executed this conveyance the day and year first hereinabove written.

Harold C. Myers
Harold C. Myers

Grace H. Myers
Grace H. Myers

STATE OF Nevada)
COUNTY OF Douglas) ss

On this 9th day of August, 1984, personally appeared before me, a Notary Public, HAROLD C. MYERS and GRACE H. MYERS, who acknowledged to me that they executed the foregoing instrument.

[Signature]
Notary Public

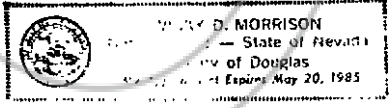


EXHIBIT "A"

DESCRIPTION

All That certain lot, piece, or parcel of land situate in the County of Douglas, State of Nevada, as follows:

A Parcel of land located in the NW1/4 of the SE1/4 of Section 28, Township 14 North, Range 20 East, M. D. B. & M., more particularly described as follows:

Commencing at the center of said section 28; proceed South 0°08'West, 1013.67 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 350.00 feet to the TRUE POINT OF BEGINNING; which is the Southwest corner of the parcel; proceed thence North 0°08'East 312.89 feet to the Northwest corner of this parcel, which lies on the Southerly Boundary of Jackie Lane; thence North 89°54'East 155.00 feet along the Southerly boundary line of Jackie Lane to the Northeast corner of the parcel; thence South 0°08'West 312.89 feet to the Southeast corner of the parcel; thence South 89°54'West 155.00 feet to the TRUE POINT OF BEGINNING

EXCEPTING THEREFROM THE SOUTHERLY 31.86 feet.

A.P.N. 21-050-19-0

REQUESTED BY
LAWYERS TITLE
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'87 APR 20 P4:14

SUZANNE BEAUDREAU
RECORDER

\$600 PAID *ML* DEPUTY

153493

BOOK 487 PAGE 2403

STATE OF NEVADA

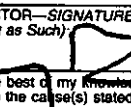
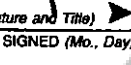
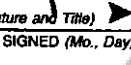

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER	
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. <u>John Michael MCNEILL</u>		DATE OF DEATH (Month, Day, Year) 2. <u>December 27, 2001</u>
	CITY, TOWN OR LOCATION OF DEATH 3b. <u>Minden</u>		COUNTY OF DEATH 3. <u>Douglas</u>
DECEDENT	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <u>1313 Jackie Lane</u>		If Hosp. or Inst. Indicate DOA, OP/Emr. Rm. Inpatient (Specify) 3e. _____
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <u>white</u>		SEX 4. <u>Male</u>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. _____		AGE—Last Birthday (Years) 7a. <u>53</u>
	STATE OF BIRTH (If not U.S.A., name country) 9a. <u>California</u>		UNDER 1 YEAR MOS : DAYS 7b. _____
PARENTS	CITIZEN OF WHAT COUNTRY 9b. <u>USA</u>		UNDER 1 DAY HOURS : MINS 7c. _____
	Decedent's Education. Specify highest grade completed. 10. <u>16 yrs.</u>		DATE OF BIRTH (Mo., Day, Yr.) 8. <u>April 11, 1948</u>
DISPOSITION	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <u>Married</u>		SURVIVING SPOUSE (If wife, give maiden name) 12. <u>Sandra Blomstedt</u>
	SOCIAL SECURITY NUMBER 13. <u>██████████ 8552</u>		KIND OF BUSINESS OR INDUSTRY 14b. <u>Law Enforcement</u>
CERTIFIER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. <u>Police Officer</u>		
	RESIDENCE—STATE 15a. <u>Nevada</u>		CITY, TOWN, OR LOCATION 15c. <u>Minden</u>
CAUSE OF DEATH	COUNTY 15b. <u>Douglas</u>		STREET AND NUMBER 15d. <u>1313 Jackie Lane</u>
	FATHER—NAME First Middle Last 16. <u>Victor McNeill</u>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <u>No</u>
CAUSE OF DEATH	MOTHER—MAIDEN NAME First Middle Last 17. <u>Marquerite Deel</u>		
	INFORMANT—NAME (Type or Print) 18a. <u>Kelly Jean McNeill</u>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <u>2636 East Stringham Ave., Salt Lake City, Utah 84109</u>
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <u>Cremation</u>		CEMETERY OR CREMATORY—NAME 19b. <u>Walton's Sierra Crematory</u>
	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a. 		LOCATION City or Town State 19c. <u>Carson City, Nevada</u>
CAUSE OF DEATH	FUNERAL DIRECTOR LICENSE NUMBER 20b. <u>9</u>		NAME AND ADDRESS OF FACILITY 20c. <u>Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nv. 89423</u>
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 		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) and manner stated. (Signature and Title)  #305 Deputy Coroner
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.) 21b. _____		HOUR OF DEATH 21c. _____
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. _____		22b. <u>12-28-01</u>
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. <u>Jason Cypher Po Box 218 Minden NV 89423</u>		22c. <u>1400</u>
	REGISTRAR 24a. (Signature) 		22d. ON <u>12-27-01</u>
CAUSE OF DEATH	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <u>1-7-2002</u>		22e. AT <u>1405</u>
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <u>Gunshot Wound to Head</u>		23b. <u>305</u>
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF: (b) _____		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO, OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death : : : : : : : : :
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death : : : : : : : : :
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. <u>Suicide</u>		26. NO (M.E.)
CAUSE OF DEATH	DATE OF INJURY (Mo., Day, Yr.) 28b. <u>12-28-01</u>		27. YES
	HOUR OF INJURY 28c. <u>1400</u>		
CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED 28d. <u>Self Inflicted Gunshot Wound</u>		
	INJURY AT WORK (Specify Yes or No) 28e. <u>No</u>		
CAUSE OF DEATH	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. <u>Home</u>		
	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. <u>1313 Jackie Ln Minden, NV</u>		

STATE REGISTRAR

No. 206892

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **JAN 07 2002**

State Registrar

Susanne Silva