

OFFICIAL RECORD

Requested By:

ROLLSTON, HENDERSON ETAL

Assessor's Parcel No. 05-192-06

RECORDING REQUESTED BY
MARYON R. TILLEY

AND WHEN RECORDED MAIL TO

MARYON R. TILLEY

P. O. Box 1262

Zephyr Cove, NV 89448-1262

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00

BK-0712 PG- 6116 RPTT: 0.00



Title Order No. n/a

Escrow No. n/a

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

STATE OF CALIFORNIA

COUNTY OF EL DORADO

MARYON R. TILLEY

, of legal age, being first duly sworn, deposes and says:

That JAMES HENRY TILLEY, JR.

, the decedent mentioned in the attached certified

copy of Certificate of Death, is the same person as JAMES H. TILLEY, JR.

named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 14, 1996

executed by JACKLYN A. JOHNSTON

to JAMES H. TILLEY, JR and MARYON R. TILLEY, husband and wife

as joint tenants, recorded as Instrument No. 383593, on March 19, 1996

Book 0396, Page 2983, of Official Records of Douglas County,

Nevada, covering the following described property situated in the unincorporated area of the

Douglas County of Douglas State of Nevada

Lot 8, Block 8, as shown on the map of 2nd Addition to Zephyr Heights Subdivision, filed for record July 6, 1948 in the Office of the County Recorder of Douglas County, State of Nevada, Document No., 6530. Assessor's Parcel No. 05-192-06.

Common address: 630 Riven Rock Road, Zephyr Cove, Nevada

Dated July 20, 2012

STATE OF CALIFORNIA

COUNTY OF EL DORADO

Maryon R. Tilley

MARYON R. TILLEY

Subscribed and sworn to (or affirmed) before me on this 20th day of July, 2012.

by Maryon R. Tilley

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



(seal) Signature

Linda Monje

(This area for official notarial seal)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2011002245

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) James Henry TILLEY JR			2. DATE OF DEATH (Mo/Day/Year) February 08, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 630 Riven Rock Road		3e. If Hosp. or Inst. Indicate DOA, OP/Emer Rm Inpatient (Specify) Home		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 70	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) April 13, 1940
9a. STATE OF BIRTH (if not U.S.A. name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Maryon RIPPLE		13. SOCIAL SECURITY NUMBER ██████████-1680		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Zephyr Cove		15d. STREET AND NUMBER 630 Riven Rock Road	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Henry TILLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sophia Louise ORTEN			
18a. INFORMANT - NAME (Type or Print) Maryon Ripple TILLEY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1252 Zephyr Cove, Nevada 89448			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno Nevada 89501		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln, Suite D1, Reno NV 89502			
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) SIGNATURE AUTHENTICATED ANDREW HO-KEUNG TANG M.D.			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) February 14, 2011		21c. HOUR OF DEATH 16:15	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Andrew Ho-Keung Tang M.D. PO Box 6715 Stateline, NV 89449					23b. LICENSE NUMBER 8365	
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 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).)					Interval between onset and death	
PART I (a) Cardiopulmonary Arrest					Min	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Severe Malnourishment					Months	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) Axonal Polyradiculoneuropathy / Active Myopathy					Months	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Kidney Cancer					26. AUTOPSY (Specify Yes or No) No	
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		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	

STATE REGISTRAR

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BK- 0712
PG- 6117

VRS-Rev-20110104

430684

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:

MAR 16 2012

Rid White

STATE REGISTRAR

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

