

DOC # 814314
12/11/2012 08:58AM Deputy: AR
OFFICIAL RECORD
Requested By:
Title Source, Inc.
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1212 PG-2504 RPTT: 0.00



RECORDING REQUESTED
BY/ RETURN TO:

Title Source Inc.
1602 WOODWARD AVE
Detroit, MI 48226

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF JOINT TENANT

Title Order No. 57058911

Loan No. 3310763902

I/We, C. David Whitefield, of legal age, being first duly sworn, deposed and say:

That, **Kathleen A. Whitefield**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Kathleen A. Whitefield**, named as one of the parties in that certain Joint Tenancy Deed, dated July 15, 2005 from **Christopher J. Reddy to C. David Whitefield and Kathleen A. Whitefield, husband and wife, as joint tenants**, recorded July 27, 2005 in Liber/Book 705, Page/Folio 12915 said deed conveying real property described as follows:

(See EXHIBIT A)

Dated: 4 Dec 2012

C. David Whitefield

STATE OF Nevada)
COUNTY OF Douglas Carson City) S.S.

Subscribed and sworn to (or affirmed) before me on this 4 day of Dec, 2012 by **C. David Whitefield**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(This area for official notarial seal)

EXHIBIT A - LEGAL DESCRIPTION

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007007276
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
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME FIRST Kathleen			1b. MIDDLE Ann			1c. LAST WHITEFIELD			2. DATE OF DEATH (Mo/Day/Year) September 17, 2007			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) 876 Longleaf Place						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Female		
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 57			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) December 05, 1949		
9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska				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) Charles D WHITEFIELD II			
13. SOCIAL SECURITY NUMBER						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker						14b. KIND OF BUSINESS OR INDUSTRY Own Home					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 876 Longleaf Place			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER - NAME (First Middle Last Suffix) Robert T O'HARA						17. MOTHER - NAME (First Middle Last Suffix) Lois Rae DILWORTH											
18a. INFORMANT - NAME (Type or Print) Charles David WHITEFIELD II						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 876 Longleaf Place, 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 89706					
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703								
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 LEIGH WAYNE MILLER 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) September 19, 2007						21c. HOUR OF DEATH 23:35											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22b. DATE SIGNED (Mo/Day/Yr)						22c. HOUR OF DEATH					
21e. 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) LEIGH WAYNE MILLER M.D. 1090 3rd Street South Lake Tahoe, CA 96150										23b. LICENSE NUMBER A96306							
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 20, 2007			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) Breast Cancer																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b)																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c)																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.																	
26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No														
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



BK 1212
PG-2505

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VRS-Rov

164790

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 if not on engraved border displaying date, seal and signature of Registrar.

SIGNATURE AUTHENTICATED





EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 132030410004

Land Situated in the City of Minden in the County of Douglas in the State of NV

LOT 3, IN BLOCK A, AS SET FORTH ON THE FINAL MAP #1010-4B OF WESTWOOD VILLAGE UNIT 4B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON DECEMBER 13, 1995 IN BOOK 1295, PAGE 1906, AS DOCUMENT NO. 376827, AND BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 22, 1996 IN BOOK 1196, PAGE 3783, AS DOCUMENT NO. 1401555.

Commonly known as: 876 Longleaf Place , Minden, NV 89423