

APN # 1420-07-610-029

Escrow # 00195945 -002-15

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Mark Winter
801 N Division
Carson City NV 89703

Mail Tax Statements to:
Thao Ho
3551 Loam Lane
Carson City, NV 89705

DOC # 817893
02/08/2013 01:28PM Deputy: AR
OFFICIAL RECORD
Requested By:
First Centennial - Reno
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-213 PG-2206 RPTT: 0.00



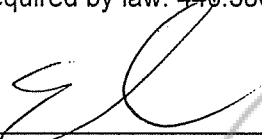
SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT-DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380 (state specific law).



SIGNATURE

Escrow Assistant
TITLE

Elvina Munoz
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER



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AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA } ss:
COUNTY OF Carson City

William Gary Graham, of legal age, being duly sworn, deposes and says

That Marlin Richard Huff the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Marlin Richard Huff named as one of the parties in that certain Corporation Grant Deed dated 9/27/1993 executed by H&S Construction, Inc., a Nevada Corporation to Marlin Huff and Eleanor E. Huff, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 319571, on 10/07/1993 in Book 1093 Page 946 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 11, in Block C, of the Final Map of SUNRIDGE HEIGHTS PHASE 1, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 11, 1993, in Book 693, Page 2465, as Document No. 309550.

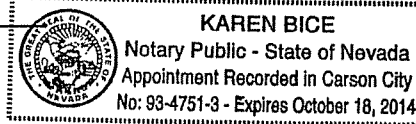
Dated: 2-5-013

William Gary Graham
William Gary Graham

SUBSCRIBED AND SWORN TO before me on this 5 day of Feb 2013.

By: William Gary Graham

Karen Bice
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007002671
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 Marlin			1b. MIDDLE Richard			1c. LAST HUFF			2. DATE OF DEATH (Mo/Day/Year) May 25, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3551 Loam Lane						3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify)			4. SEX Male		
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) 79			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) January 23, 1928		
9a. STATE OF BIRTH (If not U.S.A., name country) Utah			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) Eleanor E MAXWELL					
13. SOCIAL SECURITY NUMBER ██████████-4870						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Professional Gambler						14b. KIND OF BUSINESS OR INDUSTRY Gaming Industry					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 3551 Loam Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER - NAME (First Middle Last Suffix) Donald Dexter HUFF						17. MOTHER - NAME (First Middle Last Suffix) Helen Josephine BURKE											
18a. INFORMANT- NAME (Type or Print) Eleanor E HUFF						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3551 Loam Lane Carson City, Nevada 89705											
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) 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 JOHN PAUL KELLY 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) May 30, 2007			21c. HOUR OF DEATH 21:00			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) John Paul Kelly M.D. 2874 N. Carson Street #210 Carson City, NV 89706									23b. LICENSE NUMBER 6376								
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 31, 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) Melanoma						Interval between onset and death 13 Months											
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(c) DUE TO, OR AS A CONSEQUENCE OF:						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. 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 213
PG-2208

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148732

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:

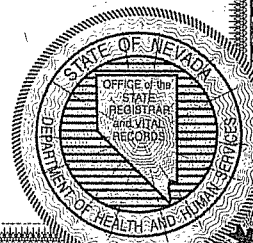
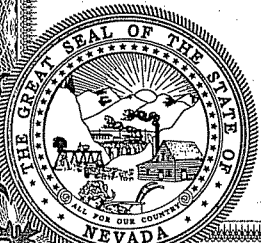
06/04/2007

PINCO (Rev) 1/06

SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



VRS-Rev