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Assessor's Parcel Number: 1220-12-310-036

Recording Requested By:

Name: Ernest E. Adler, Esq.

✓ Address: 412 N. Division Street

City/State/Zip Carson City, NV 89703

Real Property Transfer Tax: \$ \_\_\_\_\_

Doc Number: **0817939**

02/08/2013 04:10 PM

OFFICIAL RECORDS

Requested By:  
ERNEST E ADLER

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 43.00

Bk: 0213 Pg: 2401



Deputy sd

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

APN: 1220-12-310-036

1 WHEN RECORDED MAIL TO:  
2 ERNEST E. ADLER, ESQ.  
3 412 N. Division Street  
4 Carson City, NV 89703

5 AFFIDAVIT - DEATH OF JOINT TENANT

6 STATE OF NEVADA )  
7 )  
8 : ss.  
9 COUNTY OF CARSON CITY )

10 DIANA LASH, being first duly sworn, under penalty of perjury, deposes and says:


11 1. That Affiant is the granddaughter of the decedent, CHARLENE DEON  
12 PENDLETON who died on June 04, 2011, in Carson City, Nevada.

13 2. That Affiant is the Executrix of the Estate of DAVID PENDLETON and who  
14 is one of the grantees in that certain real property situate in Douglas County, state of Nevada,  
15 commonly known as 1076 Canal Street, Gardnerville, Nevada and more particularly described as  
16 follows:

17 Joint Tenancy Deed recorded in Book 39 page 688, document 31830  
18 Lot 33, as shown on the map of PINENUT SUBDIVISION, UNIT  
19 NO. 1, filed in the office of the County Recorder of Douglas County,  
20 State of Nevada, on June 11, 1963, in Book 1 of Maps, as Document  
21 No. 22783.

22 3. That CHARLENE DEON PENDLETON, was one of the grantees named in  
23 said deed and was the identical person named as CHARLENE DEON PENDLETON, the decedent,  
24 in that certain Death Certificate, which is annexed hereto and made a part hereof.

25 DATED this 31 day of January, 2013

26   
27 DIANA LASH  
28 Executrix of the Estate of David Pendleton

KILPATRICK, JOHNSTON & ADLER, Attorneys at Law, 412 North Division St., Carson City, Nevada 89703-4168, (775) 882-6112, 883-5149

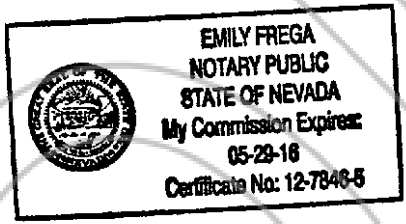
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STATE OF NEVADA )  
 : ss.  
COUNTY OF CARSON CITY )

ON THIS 31, day of January, 2013, before me, the undersigned, a Notary Public in and for the said County and State, personally appeared DIANA LASH, known to me to be the person described in and who executed the foregoing instrument, and she acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

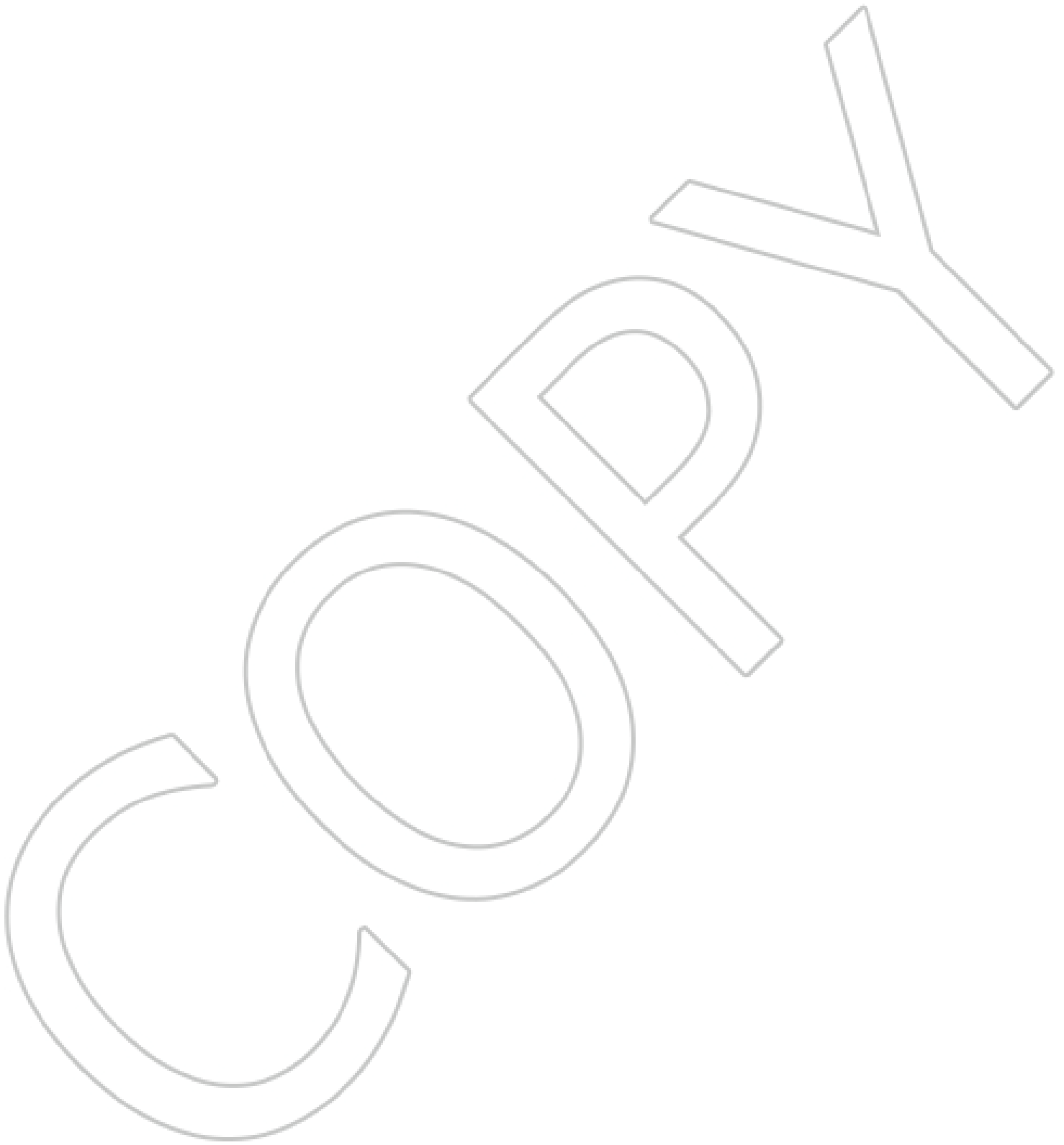
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year hereinabove written.

Emily Frega  
NOTARY PUBLIC



KILPATRICK, JOHNSTON & ADLER, Attorneys at Law, 412 North Division St., Carson City, Nevada 89703-4168, (775) 882-6112, 883-5149

**EXHIBIT 1**



**EXHIBIT 1**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2011008877  
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) <b>Charlene Deon PENDLETON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 04, 2011</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Whispering Heights</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Hospice Facility (HFS)</b>	
4. SEX <b>Female</b>		5 RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 22, 1933</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>David L PENDLETON</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-2776</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Bank Teller</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1075 Sego Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alton LENTS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jessie JAMES</b>		
18a. INFORMANT- NAME (Type or Print) <b>David Lewis PENDLETON</b>			18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>1075 Sego Circle Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Garden Cemetery</b>		19c. LOCATION City or Town State <b>Gardnerville Nevada 89410</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>KAREN SUE McDERMOTT M.D.</b> 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) <b>June 07, 2011</b>		21c. HOUR OF DEATH <b>23:10</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434</b>		23b. LICENSE NUMBER <b>6450</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 10, 2011</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Failure to Thrive</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Alzheimers Dementia of Unknown Origin</b> 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 1.					
26. ACC. SURCIDE, HOM., UNDET. OR PENDING INVEST (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)	
26g. LOCATION STREET OR R F D No. CITY OR TOWN STATE		26h. AUTOPSY (Specify Yes or No) <b>No</b>		26i. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	

3598505

STATE REGISTRAR  
  
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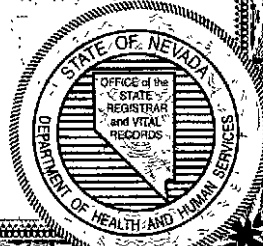
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CERTIFIED COPY OF VITAL RECORDS

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: **JAN 28 2013**

*R. D. White*  
STATE REGISTRAR



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

VRS-Rev-20120523a