

DOC # 818664  
02/20/2013 02:40PM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
Western Title Company  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-213 PG-5471 RPTT: 0.00



APN# : 1420-35-101-023

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Mary Baker Mackenzie  
1697 Stephanie Way  
Minden, NV  
89423


**Mail Tax Statements to: (deeds only)**

Same As Above  
   
   
 

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of a person or persons. (Per NRS 440.380)

Signature \_\_\_\_\_

  
**Anu Wright**      **Escrow Officer**

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



### AFFIDAVIT - DEATH OF JOINT TENANT

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

That Howard Reed Mackenzie, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Howard Reed Mackenzie named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/4/2003 executed by Mary Baker Mackenzie, a married woman as her sole and separate property to Mary Baker Mackenzie and Howard Reed Mackenzie, wife and husband as joint tenants as joint tenants, recorded as instrument No. 579349, on 6/9/2003, in Book0603, Page 03883, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land situated in and being a portion of the Northeast 1/4 of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B.&M., Douglas County, Nevada more particularly described as follows:

Parcel 1 of Parcel Map No. 1 for HELEN GOODNIGHT according to the map thereof filed in the Office of the County Recorder of Douglas County, Nevada on November 12, 1980, in Book 1180 of Official Records at Page 550, Douglas County, Nevada as Document No. 50548.



Affidavit – Death of Joint Tenant – Page 2

Dated 2-14-13

Mary Baker Mackenzie  
Mary Baker Mackenzie, Surviving Joint  
Tenant

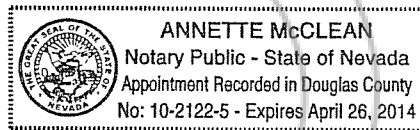
STATE OF NEVADA } SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on  
FEBRUARY 14, 2013

by Mary Baker Mackenzie.

Annette McClean  
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS

CERTIFICATE OF DEATH

2012015179

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) Howard Reed MACKENZIE		2. DATE OF DEATH (Mo/Day/Year) September 20, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1940		9a. STATE OF BIRTH (if not U.S.A., name country) California		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) Mary Margaret BAKER	
13. SOCIAL SECURITY NUMBER ██████████3090		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Electrical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1697 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold Grant MACKENZIE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence Marie WILSON		
18a. INFORMANT - NAME (Type or Print) Mary Margaret MACKENZIE			18b. MAILING ADDRESS: (Street or R.F.D. No., City or Town, State, Zip) 1697 Stephanie Way Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town - State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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 KAMERON FERDOWSALI 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 24, 2012		21c. HOUR OF DEATH 00:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) KAMERON FERDOWSALI M.D. 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 12745	
24a. REGISTRAR (Signature) MICHELE L YOUNG SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 2012		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) Shock					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Ischemic Colitis					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Peripheral Vascular Disease					
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				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	

Information Corrected, State Affidavit# 57570, 10/05/2012 - 2

STATE REGISTRAR

BK 213  
PG-5474  
818664 Page: 4 of 4 02/20/2013

VRS-Rev-20120523a



464146

CERTIFIED COPY OF VITAL RECORDS

*Rd White*

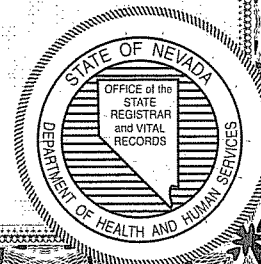
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

OCT 05 2012

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE