

Doc Number: **0823322**

05/10/2013 11:03 AM

OFFICIAL RECORDS

Requested By:

RACHELLE J NICOLLE LTD

APN 1220-22-210-185 (old APN 29-241-27)

**RECORDING REQUESTED BY AND
AFTER RECORDING**

MAIL AFFIDAVIT TO:

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0513 Pg: 2650



Deputy ke

MAIL TAX STATEMENTS TO:

Charlene Roney
1416 Honeybee Lane
Gardnerville, NV 89460

I the undersigned, Charlene Roney, hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. *[Per NRS 440.380(1)(a) and 40.525(5)]*

AFFIDAVIT OF DEATH OF JOINT TENANT

I, CHARLENE RONEY, being duly sworn say:

1. I am 18 years of age or over. The decedent, HAROLD WAYNE RONEY, also known as Harold Roney, described in the attached certified copy of the Certificate of Death is the same person as HAROLD RONEY who is named with me as one of the parties in the deed executed on October 20, 1986, by ERIC CHRISTIANSEN AND JEAN K. CHRISTIANSEN, husband and wife, and granted to HAROLD RONEY AND CHARLENE RONEY, husband and wife, as Joint Tenants with right of survivorship, recorded as Instrument No. 145396 on November 20, 1986, in Book 1186, Page 2026, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

Lot 53, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, as File No. 66512.

Assessment Parcel No. 1220-22-210-185 (old APN 29-241-27)

Together with all and singular the tenements, hereditaments and appurtenances, thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

2. As a result of the death of my husband, HAROLD WAYNE RONEY, also known as HAROLD RONEY, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: May 8, 2013.

Charlene Roney
Charlene Roney

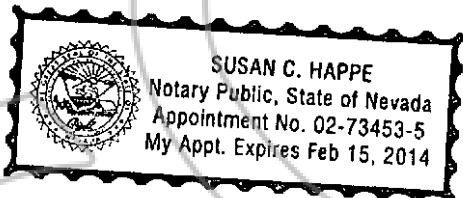
JURAT

State of Nevada)
County of Douglas)

Signed and Sworn to before me on May 8, 2013 by CHARLENE RONEY.

WITNESS my hand and official seal.

Susan C. Happe
NOTARY PUBLIC



STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Public Access and Rules

STATE OF UTAH — DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-0226

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: Harold MIDDLE: Wayne LAST: RONEY			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) January 13, 2004	3b. TIME OF DEATH (24 hr clock) 0640 hr.
4. DATE OF BIRTH (Mo., Day, Yr.) January 13, 1923		5. AGE - Last Birthday 81	6. BIRTHPLACE (City & State or Foreign Country) Sands Springs, OK	7. SOCIAL SECURITY NUMBER [REDACTED]-2910	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1 Inpatient <input checked="" type="checkbox"/> 2 ER/Outpatient <input type="checkbox"/> 3 DOA			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Midtown Manor		
8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City			8d. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name) Charlene Rister
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1 Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Foreman	
12b. KIND OF BUSINESS OR INDUSTRY Gear Manufacturing		13a. RESIDENCE - STREET AND NUMBER 1416 Honeybee Lane		13b. CITY, TOWN OR COMMUNITY Gardnerville	
13c. COUNTY Douglas		13d. STATE Nevada		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
15. RACE - Black, White, Am Indian (tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12		17. FATHER'S NAME (First, Middle Last) Frederick Roney	
18. MAIDEN NAME OF MOTHER (First, Middle, Last) Gladys Billington		19. NAME RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Charlene Roney (Wife) 1416 Honeybee Lane Gardnerville, Nevada 89410			
20. METHOD OF DISPOSITION <input type="checkbox"/> 1 Entombment <input type="checkbox"/> 2 Donation <input type="checkbox"/> 3 Other <input checked="" type="checkbox"/> 4 Burial <input checked="" type="checkbox"/> 5 Cremation <input type="checkbox"/> 6 Removal		21a. DATE OF DISPOSITION January, 17, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Garner Crematory	
21c. LOCATION - City or Town, State Salt Lake City, Utah		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER 373801	
24. FUNERAL HOME (Name and address) Deseret Memorial Mortuary		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1/11/04		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No If yes, enter the date and hour reported M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____	
27a. CERTIFIER <input checked="" type="checkbox"/> 1 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated <input type="checkbox"/> 2 MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation in my opinion death occurred at the time, date, place and due to the cause(s) and manner as stated		27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER 167918-1205	
27d. DATE SIGNED (Month, Day, Year) 1/17/04		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type Print) Wesley Barney M.D. 125 South 900 West Salt Lake City, Utah 84104 (363-6340)			
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) January 20, 2004		30b. DATE FILED (Mo., Day, Yr.)	
31. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Dementia Alzheimer		years	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		a. _____ DUE TO (OR AS A CONSEQUENCE OF)		b. _____ DUE TO (OR AS A CONSEQUENCE OF)	
c. _____ DUE TO (OR AS A CONSEQUENCE OF)		d. _____ DUE TO (OR AS A CONSEQUENCE OF)			
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. COPD		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input checked="" type="checkbox"/> 4. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1 Natural <input type="checkbox"/> 2 Accident <input type="checkbox"/> 3 Suicide <input type="checkbox"/> 4 Homicide <input type="checkbox"/> 5 Undetermined If injured Purposely or Accidentally <input type="checkbox"/> 6 Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
35c. LOCATION (Street or rural route number, city or town, county and state)		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)		35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian	
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)					

USE PERMANENT BLACK INK

BK 0513 2592 5/10/2013
2265282 Page 3 of 3

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JANUARY 20, 2004**

County: **SALT LAKE**

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

Registrar: *[Signature]*

[Signature]



LL01339239



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.