



**Recorded at the request of:**

Mark A. Winter  
801 N. Division Street  
Carson City, Nevada 89703

**When Recorded, Mail To:**

**Mail Tax Statements To:**

William Gary Graham  
3475 Gregory Court  
Carson City, NV 89705

**AFFIDAVIT OF DEATH OF JOINT TENANT**

APN: 1420-07-719-005

William Gary Graham being first duly sworn, deposes and says:

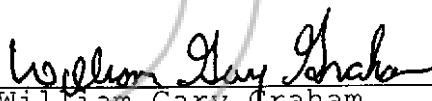
1. Marlin Huff, died on May 25, 2007, and a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said Marlin Huff was an owner in joint tenancy with Eleanor Huff of certain real property located in the County of Douglas, State of Nevada, described as:

See Exhibit "A" attached hereto and incorporated herein by said reference

3. That said joint tenancy was created by a Deed dated October 1, 1991, recorded on October 2, 1991, as Document Number 261706, in the Douglas County Recorder's Office.

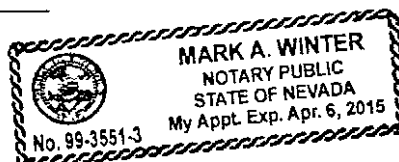
4. That upon the death of Marlin Huff, Eleanor Huff became the sole owner of the above-described property as her sole and separate property.

  
\_\_\_\_\_  
William Gary Graham

STATE OF NEVADA      )  
                                  : ss.  
CARSON CITY            )

Subscribed and Sworn to me on May 29, 2013, by William Gary Graham who personally appeared before me, a Notary Public, and executed the above document.

  
\_\_\_\_\_  
Notary Public



**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						3d. 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 [REDACTED]-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											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(b) DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death											
(c)						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

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BK : 07 13  
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7/12/20 13

148729 CERTIFIED COPY OF VITAL RECORDS

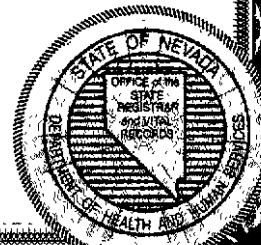
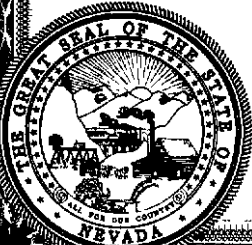
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

06/04/2007

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

STATE REGISTRAR  
SIGNATURE AUTHENTICATED



Lot 5, as shown on the Map of Cameron Heights Subdivision, filed in the Office of the County Recorder of Douglas County, state of Nevada, on January 10, 1989, as Document No. 194076.

APN: 1420-07-719-005

EXHIBIT "A"

