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Doc Number: **0834984**

12/05/2013 02:51 PM

OFFICIAL RECORDS

Requested By:  
RACHELLE J NICOLLE LTD

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3

Fee: \$ 16.00

Bk: 1213 Pg: 717



Deputy pk

APN: 1418-27-810-001  
(Old APN: 0000-03-112-150)

**RECORDING REQUESTED BY AND  
AFTER RECORDING  
MAIL AFFIDAVIT TO:**

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

**MAIL TAX STATEMENTS TO:**

ARCHER, Alan A., Laura N.,  
& Carol K.  
PO Box 11156  
Zephyr Cove, NV 89448

We the undersigned 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**

We, ALAN A. ARCHER and LAURA N. ARCHER, husband and wife, and CAROL K. ARCHER, a widowed woman, being duly sworn say:

1. We are each 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death for EDWARD ALLEN ARCHER is the same person as EDWARD A. ARCHER, who is named with us as one of the parties in the deed dated September 25, 1993, executed by Donald L. Perala, Trustee Under Declaration of Trust Dated July 20, 1980, and granted to ALAN A. ARCHER and LAURA N. ARCHER, husband and wife, and EDWARD A. ARCHER and CAROL K. ARCHER, husband and wife, as Joint Tenants, with Right of Survivorship, recorded as Instrument 319141 on September 30, 1993 in Book 0993, Page 6670, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

All that real property in the County of Douglas, State of Nevada described, being Assessor's Parcel Number 1418-27-810-001 (formerly Parcel No. 0000-03-112-150), specifically described as: All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 57, as shown on the map of CAVE ROCK ESTATES UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County,

State of Nevada, on January 3, 1962, in Book 10, Page 73, as Document No. 19323.


APN 1418-27-810-001 (Old APN 03-112-15)


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. Title to this real property should now be held as:  
ALAN A. ARCHER AND LAURA N. ARCHER, HUSBAND AND WIFE,  
AND CAROL K. ARCHER, A WIDOWED WOMAN, AS JOINT TENANTS  
WITH RIGHT OF SURVIVORSHIP.

3. As a result of the death of, EDWARD ALLEN ARCHER, also known as EDWARD A. ARCHER, we affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the surviving joint tenants, we are now sole owners of the above-described real property as joint tenants with right of survivorship.

IN WITNESS WHEREOF, dated: November 1, 2013.

  
\_\_\_\_\_  
Alan A. Archer

  
\_\_\_\_\_  
Laura N. Archer

  
\_\_\_\_\_  
Carol K. Archer

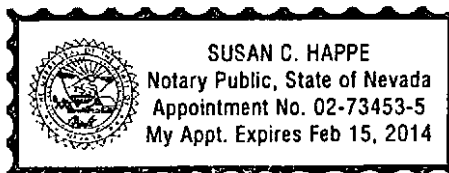
JURAT

State of Nevada )  
County of Douglas )

Signed and Sworn to before me on November 1, 2013 by, Alan A. Archer, Laura N. Archer, and Carol K. Archer.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
NOTARY PUBLIC



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH SERVICES DEPARTMENT**  
 PLACERVILLE, CALIFORNIA

**CERTIFICATE OF DEATH**

3201309000523

STATE FILE NUMBER		DATE OF DEATH USE BLACK INK ONLY / NO ERASURES / NO CORRECTIONS OR ALTERATIONS 12.1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>EDWARD</b>		2. MIDDLE <b>ALLEN</b>		3. LAST (Family) <b>ARCHER</b>	
4. AKA, ALSO KNOWN AS - Includes full AKA (FIRST, MIDDLE, LAST) <b>AL - ARCHER</b>		5. DATE OF BIRTH mm/dd/yyyy <b>03/22/1925</b>		6. AGE Yrs. Mths. Ds. <b>88</b>	
7. BIRTH STATE/FOREIGN COUNTRY <b>PA</b>		10. SOCIAL SECURITY NUMBER <b>0666</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/GRUP at Time of Death <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/24/2013</b>		8. HOUR (24 Hours) <b>0955</b>	
13. OCCUPATION - Highest Level (Degree) (See instruction on back) <b>HS GRADUATE</b>		14/15. WHO DECEDENT RESPONDED TO (PHYSICIAN)? If yes, see statement on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.) <b>UNITED STATES CUSTOMS</b>		19. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>287 CHUKKAR DRIVE</b>					
21. CITY <b>ZEPHYR COVE</b>		22. COUNTY/PROVINCE <b>DOUGLAS</b>		23. ZIP CODE <b>89448</b>	
24. YEARS IN COUNTY <b>20</b>		25. STATE/FOREIGN COUNTRY <b>NV</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>CAROL ARCHER, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, number, city or town, state and zip) <b>PO BOX 10703, ZEPHYR COVE, NV 89448</b>			
28. NAME OF SURVIVING SPOUSE/GRUP - FIRST <b>CAROL</b>		29. MIDDLE <b>KATHRINE</b>		30. LAST (BIRTH NAME) <b>PARK</b>	
31. NAME OF FATHER/PARENT - FIRST <b>HAROLD</b>		32. MIDDLE		33. LAST <b>ARCHER</b>	
34. BIRTH STATE <b>PA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>MAME</b>		36. MIDDLE	
37. LAST (BIRTH NAME) <b>BILLIG</b>		38. BIRTH STATE <b>PA</b>			
39. DEPOSITION DATE mm/dd/yyyy <b>06/27/2013</b>		40. PLACE OF FINAL DEPOSITION <b>TAHOE MEMORIAL COLUMBARIUM 341 VILLAGE BLVD, INCLINE VILLAGE, NV 89451</b>			
41. TYPE OF DEPOSITIONS <b>CR/TR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>MC FARLANE MORTUARY INC</b>		45. LICENSE NUMBER <b>FD1180</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ALICIA PARIS POMBO, MSC MD</b>	
47. DATE mm/dd/yyyy <b>06/26/2013</b>					
101. PLACE OF DEATH <b>BARTON MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/PCP <input type="checkbox"/> ODA <input type="checkbox"/> Home		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY <b>EL DORADO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOLDED (Street and number, or location) <b>2170 SOUTH AVENUE</b>		106. CITY <b>SOUTH LAKE TAHOE</b>	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT infer terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>ACUTE RESPIRATORY FAILURE</b>		108. TIME BETWEEN ONSET AND DEATH (A) <b>10 DAY</b>		109. DEAN REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>PLEURAL EFFUSION</b>		111. YEARS <b>5 YRS</b>		112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. UNDERLYING CAUSE (Underlying disease or injury that initiated the events resulting in death) LAST <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		114. YEARS <b>20 YRS</b>		115. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ATRIAL FIBRILLATION, CHRONIC KIDNEY DISEASE STAGE 3</b>		117. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
118. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 117? If yes, list type of operation and date. <b>NO</b>		119. IF YES, RECORD IN LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Address: _____ Coroner's Last Seen At: _____ <b>06/21/2013</b> <b>06/24/2013</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>SENTHILRAJ NADARAJAH M.D.</b>		116. LICENSE NUMBER <b>C53084</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SENTHILRAJ NADARAJAH M.D. 12855 MOORSHIRE DR. CERRITOS, CA 90703</b>		118. DATE mm/dd/yyyy <b>06/24/2013</b>		119. DATE mm/dd/yyyy <b>06/24/2013</b>	
118. I CERTIFY THIS INFORMATION OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH#		CENSUS TRACT			

EX 1219  
 PD 719  
 12/5/2013

0832964  
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**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

\*000149661\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Services Department.

DATE ISSUED **JUL 09 2013**

*Robert Hartmann, M.D.*  
 ROBERT HARTMANN, M.D.  
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer  
 PRNCO (Rev) 11/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

