APN: 1220-21-510-123

This document contains a Social Security number pursuant to NRS 440.380.

✓ When recorded, mail to: George M. Keele 1692 County Road, #A Minden, NV 89423

Doc Number: 0837754

02/04/2014 01:09 PM

OFFICIAL RECORDS Requested By: GEORGE KEELE

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

Page: 10f 3

Fee: \$ 16.00 Bk: 0214 Pg: 343





AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
	: ss
COUNTY OF DOUGLAS)

- I, KELLY A. LeCOUNT, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:
- 1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. DANIEL ALLEN LeCOUNT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DANIEL A. LeCOUNT named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated July 28, 2013, executed by Daniel A. LeCount to Daniel A. LeCount and Kelly A. LeCount, Husband and Wife as Joint Tenants, recorded on August 2, 2013, as Document No. 828312, in Book 813, Page 999, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

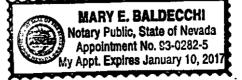
Lot 171 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Per NRS 111.312, this legal description was previously recorded at Document No 828312, in Book 813, Page 999, on August 2, 2013.

KELLY A LeCOUNT

SIGNED AND SWORN TO (or affirmed) before me on <u>Jelman</u>, 2014, by KELLY A. LeCOUNT

Mary & Baldecchi
Notary Public



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

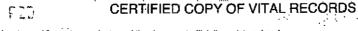
DIVISION OF HEALTH VITAL STATISTICS

TYPE OR	i, , , , , , , , , , , , , , , , , , ,	CERTIFICA	0	' ' '	STATE FILE NUMBER	
PRINT IN	18. DECEASED-NAME (FIRST, MIDDLE, L	AST,SUFFIX)		2. DATE OF DEATH (Mo/Day/	Year) 3a. COUNTY O	
RMANENT	Daniel Allen	LECOUNT		January 16, 2014		ouglas
LACK INK	35. CITY, TOWN, OR LOCATION OF DEA	TH (30, HOSPITAL OR OTHER INSTIT	TUTION Name (if not enther, giv	e street . 3e if Hosp, or inst. in Inpatient(Specify)		
ECEDENT	. : /Gardnerville		inda Dr #B		Home	Male
2 1 2 5	5 RACE White	6 Hispanic Origin? Spe- No - Non-Hispanic	ofy 7a AGE-Last birthday (Years)	76 UNDER 1 YEAR 70 UND	MINS	54.7
	(Specify)		56		Apri	18, 1957
		D. CITIZEN OF WHAT COUNTRY 10		EVER MARRIED, WIDOWED,	maiden name)	Kelly DRESS
ISTITUTION	name country) California	United States 14a. USUAL OCCUPATION (Give Kind	13	14b. KIND OF BUSINESS	OR INDUSTRY E	ver in US Arm
EGARDING			al Estate Agent	Real E	state 🔻 🧗	orces? No
MPLETION OF RESIDENCE	15a RESIDENCE - STATE 15b. COU			STREET AND NUMBER		15e. INSIDE CITY LIMITS (Specify Ye
ITEMS	Nevada	* W. V	ardnerville 789	Linda Dr #B~		or No) Yes
	16. FATHER/PARENT - NAME (First Mid	idle Last Suffix)	17, MOTHERA	ARENT NAME (First Middle	Last Suffix)	1
PARENTS	Charles I	_eRoy LECCUNT() 🚽 🐎	And the state of t	T V	ALLEN	11.00
	18a. INFORMANT- NAME (Type or Print)	4.7	LING ADDRESS (C) (Street or R	F.D. No. City or Town, State, Z	ip)	
• .	Kelly LECOU			a Dr#B Gardnerville, N	OCATION: City or Town	State
noerios	19a. BURIAL, CREMATION, REMOVAL,		R CREMATORY - NAME Fitzhenry's Cremator		Carson City Neva	
SPOSITION		\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ME AND ADDRESS OF FACIL		
***	20a. FUNERAL DIRECTOR - SIGNATUR JAMES SHO		CTOR LICENSE	FitzHenry's Carse	on Valley Funeral He	ome .
\	1 11	THENTICATED	217.	.1380 Highway 395	N Gardnerville NV 8	39410
ADÉ CALL	TRADE CALL - NAME AND ADDRESS	,/, // Y	* * * * * * * * * * * * * * * * * * *	alimi, Ma Filmi	ate (f. s	· 173, 7
	> 7 21a To the hest of my knowledge	death occurred at the time, date and p	lace and 3 22a On t	he basis of examination and/or date and place and due to the o	investigation; in my opinio	n death occurre
	ਰ ਨੇ due to the cause(s) stated. '(Signa	nure & Title) SIGNATURE AUTHE	NTICATED. 2 the time.	date and blace and one to the (Sender a present for August of	
CERTIFIER	E & 21b. DATE SIGNED (Mo/Day/Yrt	21c. HOUR OF DEATH	© 22b DA	TE SIGNED (Mo/Day/Yr)	22c HOUR OF DE	ATH
	ပိဒ္ဓိ January 22, 2014 - 🥞	19:14		1. 1. (1. (4.)/表].	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	D DEAD AT (UA
٠.	21d NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CERTIFIER	77 IO.V	ONOUNCED DEAD (Mo/Day/Y	22e PRONOUNCE	יי מבאט או (Ho
	(Type or Print):	, · , ·		P COPONER) (Trice or Print)	23b LICENSE	NUMBER
% ;	23a. NAME AND ADDRESS OF CERTIFI	ier (Physician, Attending Physic I Onken Sanchez M.D 1107	CIAN, MEDICAL EXAMINER, O Hwy 395 Gardnerville	NV 0941UN 7 #		360
1.00	24a REGISTRAR (Signature) 15 %	BIANCA GALEANO	24b. DATE RECEIV	ED BY REGISTRAR 240	DEATH DUE TO COMM	
EGISTRAF	- Ci	IGNATURE AUTHENTICATED	≎ /Mo/Dav/Vr\. T C	niuary 27, 2014		ю Х
CAUSE OF	25. IMMEDIATE CAUSE (ENT	ER ONLY ONE CAUSE PER LINE FOR		4 · · · · · · · · · · · · · · · · · · ·	toterval betv	veen onset and o
DEATH	Primary Pilling	onary Hypertension			1	
	1	76				
DEATH	DUE TO, OR AS A CO	NSEQUENCE OF A TOTAL	77. 3	700	Interval bety	veen onset and o
ONDITIONS IF	DUE TO, OR AS A CO	NSEQUENCE OF		Lange of the state		
ONDITIONS IF ANY WHICH YA						
ONDITIONS IF	(b) BUE TO, OR AS A GO	NSEQUENCE OF			interval bety	ween onset and
ONDITIONS IF ANY WHICH TO MAKE TO MINIEDIATE CAUSE STATUNG THE	(b) DUE TO, OR AS A CO	NSEQUENCE OF			interval bety	ween onset and
ONDITIONS IF ANY WHICH S LAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING	DUE TO, OR AS A CO	NSEQUENCE OF		ing cause much in Port 1	interval bet	ween onset and o
ONDITIONS IF ANY WHICH S LAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING	(b) DUE TO, OR AS A CO (c) DUE YO, OR AS A CO (d) PART II OTHER SIGNIFICANT. CONDI	INSEQUENCE OF TIONS-Conditions contributing to deat	The state of the s	ing cause given in Part 1.	Interval bety process between the process per process	ween onset and o
ONDITIONS IF ANY WHICH S BAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING	(b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (d) PART II OTHER SIGNIFICANT CONDI	INSEQUENCE OF NSEQUENCE OF TIONS-Conditions contributing to death		``} <u></u>	Interval bety	ween onset and d
ONDITIONS IF ANY WHICH S LAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING	(b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (d) PART II OTHER SIGNIFICANT CONDI	INSEQUENCE OF TIONS-Conditions contributing to deat		ing cause given in Part 1.	Interval bety process between the process per process	ween onset and of ween onset and of 7. WAS CASE REFE O CORONER (Spec No)
ONDITIONS IF ANY WHICH SAVE RISE TO IMMEDIATE	(b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (d) PART II OTHER SIGNIFICANT CONDITIONS (SPENDING INVEST (Specify))	INSEQUENCE OF NSEQUENCE OF THOMS-Conditions contributing to death ATE OF INJURY (MANDWAY) 28c. H	OUR OF INJURY 28d, DESCRIE	E HOW INJURY OCCURRED	Interval beto	ween onset and d ween onset and d ween onset and d ween onset and d coordinate (Special No)
ONDITIONS IF ANY WHICH SAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING	DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (d) PART II OTHER SIGNIFICANT CONDITIONS 28a ACC., SURCIDE, HOME, UNDET: 256 D OR PENDING INVEST (Specify) 28a INDIVIDUAL AT WORK (Specify 281 F	INSEQUENCE OF NSEQUENCE OF TIONS-Conditions contributing to death	OUR OF INJURY 28d, DESCRIE	E HOW INJURY OCCURRED	Interval beto	siz
ONDITIONS IF ANY WHICH S BAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING	(b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (d) PART II OTHER SIGNIFICANT CONDITION 28a. ACC SURCIDE, HOM, UNDET: 28b. D OR PENDING INVEST (Specify) 28e INJURY AT WORK (Specify 28f. F building)	INSEQUENCE OF TIONS-Conditions contributing to death ATE OF INJURY (MA/Dey/Yr) 28c. H	OUR OF INJURY 284, DESCRIE set, factory, office 28g LOCA	E HOW INJURY OCCURRED	Interval between the second se	ween onset and d ween onset and d 7. WAS CASE REFE O CORONER (Spec No)
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ONDITIONS IF ANY WHICH S LAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING	(b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (d) PART II OTHER SIGNIFICANT CONDITION 28a. ACC SURCIDE, HOM, UNDET: 28b. D OR PENDING INVEST (Specify) 28e INJURY AT WORK (Specify 28f. F building)	INSEQUENCE OF TIONS-Conditions contributing to death ATE OF INJURY (MA/Dey/Yr) 28c. H	OUR OF INJURY 284, DESCRIE set, factory, office 28g LOCA	E HOW INJURY OCCURRED	Interval between the second se	ween onset and d ween onset and d . WAS CASE REFE D CORONER (Spec



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