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✓ A+ Paralegals, Inc
312 W. Fourth St.
Carson City NV 89703

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES CONTAIN A
SOCIAL SECURITY NUMBER.



KAREN ELLISON, RECORDER

APN: 1220-03-112-027

WHEN RECORDED MAIL TO:
CINDY L. BURKETT
1368 Stodick Lane
GARDNERVILLE, NEVADA 89460

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

CINDY L. BURKETT being first duly sworn, deposes and says:

1. LILLIAN B BURKETT died on May 3, 2014, and a certified copy of her Death Certificate is attached hereto.
2. That at the date of death, the said LILLIAN B BURKETT was an owner in joint tenancy with the Affiant, CINDY L. BURKETT, and KATHEY A. BRUSSEAU, and ROY S. BURKETT of certain real property located in Douglas County, State of Nevada, described as:

LOT 7 OF BLOCK B AS SHOWN ON THE MAP ENTITLED STODICK ESTATES SOUTH, PHASE 3, IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, FILED DECEMBER 22, 2005 IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY AS DOCUMENT NO. 664013 AND AS AMENDED BY THAT CERTAIN CERTIFICATE OF AMENDMENT RECORDED MAY 21, 2007 IN BOOK 0507, PAGE 6752, AS DOCUMENT NO. 701493 OF OFFICIAL RECORDS.

3. That said joint tenancy was created by a Deed dated February 27, 2014, recorded on March 3, 2014 as Document No. 0839003, in the Douglas County Recorder's Office.
4. That upon the death of LILLIAN B BURKETT, the Affiant CINDY L. BURKETT, and KATHEY A. BRUSSEAU, and ROY S. BURKETT became the owners of the above described property as joint tenants with right of survivorship.

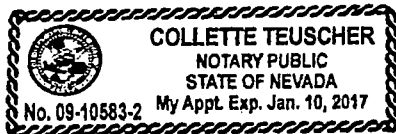

Signature, CINDY L. BURKETT

-LOOSE CERTIFICATE ATTACHED-

STATE OF NEVADA)
CARSON CITY)

Subscribed and Sworn to me on September 26, 2014, by CINDY L. BURKETT who personally appeared before me, a Notary Public, and executed the above document.

Collette Teuscher
NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF JOINT TENANT
DATED September 26, 2014

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014007302

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) Lillian Belle BUKETT		2. DATE OF DEATH (Mo/Day/Year) May 03, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1368 Stodick Ln		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE - White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 82		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) November 24, 1931		9a. STATE OF BIRTH (if not U.S.A. name+country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 5212		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) QA Specialist		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1368 Stodick Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Harry Alonzo SPURLOCK			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Hazel Lucile SNODDERLY		
18a. INFORMANT - NAME (Type or Print) Cindy BURKETT		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3325 Dog Leg Dr. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town, State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) JORGE HERNAN PEREZ-CARDONA M.D. SIGNATURE AUTHENTICATED			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 07, 2014		21c. HOUR OF DEATH 04:49		22b. DATE SIGNED (Mo/Day/Yr)	
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) Jorge Hernan Perez-Cardona M.D. 1460 S Curry St., Ste. 100 Carson City, NV 89703				23b. LICENSE NUMBER 10108	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 08, 2014		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) Metastatic Breast Cancer					
- DUE TO, OR AS A CONSEQUENCE OF					
(b) _____					
- DUE TO, OR AS A CONSEQUENCE OF					
(c) _____					
- DUE TO, OR AS A CONSEQUENCE OF					
(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) 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

370100

529600

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.

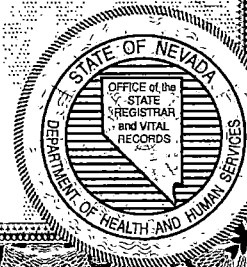
DATE ISSUED:

05/15/2014

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

Rodriguez
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE