

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

✓  
**CHILTON & HOUSE, LLP  
310 Capitol Street, Suite B  
Salinas, CA 93901**



00010459201508590680030031

KAREN ELLISON, RECORDER

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF CALIFORNIA )  
COUNTY OF MONTEREY )

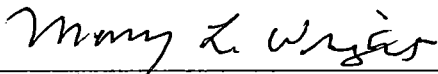
I, MARY L. WRIGHT, being duly sworn, say:

I am eighteen (18) years of age or over. The decedent described in the attached certified copy of Certificate of Death is the same person as HARRY WRIGHT, aka HARRY J. WRIGHT, who is named as one of the parties in the Grant, Bargain, Sale Deed dated August 17, 2000 executed by Fern K. Capra and Kevin K. Capra to HARRY J. WRIGHT and MARY L. WRIGHT, HUSBAND AND WIFE AS JOINT TENANTS, recorded on September 5, 2000, as Document #498876 of the Official Records of Douglas County, Nevada, covering the property situated in the City of Minden, County of Douglas, State of Nevada, described as follows:

Lot 210, of WILDHORSE UNIT 6, a Planned Unit Development, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on March 15, 1994, in Book 394, Page 2741, as Document No. 332336.

Commonly known as 2650 Pasture Way, Minden, NV 89423, APN 1420-33-312-027.

Dated: February 12, 2015.

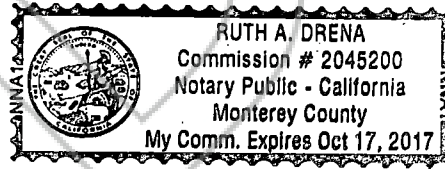
  
\_\_\_\_\_  
MARY L. WRIGHT

A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF CALIFORNIA }  
COUNTY OF MONTEREY }

Subscribed and sworn to (or affirmed) before me on this 12<sup>TH</sup> day of February, 2015, by MARY L. WRIGHT, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Ruth A. Drena (Seal)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2014020624  
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  
STATIFY THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME: (FIRST,MIDDLE, LAST, SUFFIX) <b>Harry J WRIGHT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 14, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or R.F.D. No., City or Town, State, Zip) <b>2650 Pasture Way Home</b>		4. SEX <b>Male</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>85</b>	
7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 01, 1929</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>11</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>		12. SURVIVING SPOUSE (Maiden name) <b>Mary BLAIR</b>			
13. SOCIAL SECURITY NUMBER <b>5298</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Telephone Repairs</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Communication</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2650 Pasture Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harrison M WRIGHT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Pearl SYKES</b>		
18a. INFORMANT - NAME (Type or Print) <b>Randy WRIGHT</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>202 Gordon Lane Dayton, Nevada 89403</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
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) <b>NITA SCHWARTZ, M.D.</b> 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) <b>December 17, 2014</b>		21c. HOUR OF DEATH <b>20:20</b>		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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 17 2014</b>		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) <b>Emphysema</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED 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

569061

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:

**MAR 09 2015**

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev.20120523a

