

18-

APN: 1022-32-210-017

When recorded, return Affidavit to:

Victoria S. McConnell  
2071 Comstock Drive  
Gardnerville, NV 89410



00011863201508603050050055

KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document submitted for recording does contain the social security number of a person or persons. (Pursuant to NRS 440.380.1(a))

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
) ss:  
COUNTY OF WASHOE )

VICTORIA S. McCONNELL, hereby swears (or affirms) under penalty of perjury, that the following assertions are true of her own personal knowledge:

- 1. I am over the age of twenty-one (21) years and competent to be a witness as to matters hereinafter stated:
- 2. FRANCIS EARL McCONNELL, also known as FRANCIS E. McCONNELL, is the same person named as one of the grantees named in that certain instrument recorded as document number 547553, of the Official Records, in the Office of the County Recorder of Gardnerville, Nevada on July 19, 2002.
- 3. The real property which is the subject of the above-described deed is located in Douglas County, State of Nevada, and is more specifically described as follows, to wit:

Lots 6 and 7 of Topaz Subdivision by Walker River Irrigation District in Sections 29 and 32, T.10 N.R. 22E M.D.B. and M., Douglas County, Nevada as filed in the office of the County Recorder, August 10, 1954, in book 1 of Maps.

SUBJECT TO Covenants, Conditions, and Restrictions, recorded February 3, 2010, as Document No. 0758106 of Official Records, Douglas County, State of Nevada, and any amendment thereto.

APN: 1022-32-210-017

Affidavit of Death of Joint Tenant

Page Two

APN: 1022-32-210-017

TOGETHER WITH easements, tenements, hereditaments, and appurtenances thereunto belonging or appertaining including by not limited to water and mineral rights and shares of stock evidencing the same, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

- 4. FRANCIS EARL McCONNELL, named as decedent in that certain Death certificate, a certified copy of which is attached hereto.
- 5. As recited in the above-described Certificate of Death, FRANCIS EARL McCONNELL died on March 9, 2012 in Mono County, California and by virtue of the joint tenancy form of ownership said undivided one-half of the property is now vested in the name of VICTORIA S. McCONNELL.
- 6. FRANCIS EARL McCONNELL, was the husband of VICTORIA S. McCONNELL.

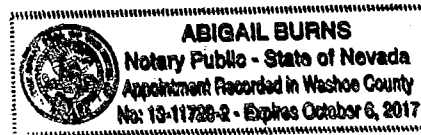
DATED this 31 day of March, 2015.

*Victoria S. McConnell*  
 VICTORIA S. McCONNELL

STATE OF NEVADA            )  
                                           )ss.  
 COUNTY OF WASHOE        )

On this 31<sup>st</sup> day of March, 2015, personally appeared before me, a Notary public, VICTORIA S. McCONNELL personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged that she executed the instrument.

*Abigail Burns*  
 Notary Public





Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

[kellison@co.douglas.nv.us](mailto:kellison@co.douglas.nv.us)

(775) 782-9027

**LEGIBILITY NOTICE**

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

James Pace  
Signature

4-8-15  
Date

James Pace  
Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

# COUNTY OF MONO

BRIDGEPORT, CALIFORNIA

### CERTIFICATE OF DEATH

3 2012 26 000009

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>Francis</b>		2. MIDDLE <b>Earl</b>	3. LAST (Family) <b>McConnell</b>
AKA, ALSO KNOWN AS - Include MA AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy <b>02/12/1938</b>		5. AGE Yrs. <b>74</b>	6. SEX <b>M</b>
7. DATE OF DEATH mm/dd/yyyy <b>03/09/2012</b>	8. HOUR (24 Hours) <b>1800</b>	9. UNDER ONE YEAR Months: <input type="checkbox"/> Days: <input type="checkbox"/>	10. UNDER 24 HOURS Hours: <input type="checkbox"/> Minutes: <input type="checkbox"/>
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (at Time of Death) <b>Married</b>	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>Master's</b>	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>White</b>	16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>Police Officer</b>	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Law Enforcement</b>	18. YEARS IN OCCUPATION <b>31</b>		
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2071 Comstock Drive</b>			
21. CITY <b>Gardnerville</b>	22. COUNTY/PROVINCE <b>Douglas</b>	23. ZIP CODE <b>89410</b>	24. YEARS IN COUNTY <b>10</b>
25. STATE/FOREIGN COUNTRY <b>NV</b>	26. INFORMANT'S NAME, RELATIONSHIP <b>Victoria S. McConnell, Wife</b>		
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>2071 Comstock Drive, Gardnerville, NV 89410</b>	28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>Victoria</b>		
29. MIDDLE <b>Susan</b>	30. LAST (BIRTH NAME) <b>Singer</b>	31. NAME OF FATHER/PARENT - FIRST <b>Joseph</b>	
32. MIDDLE <b>Earl</b>	33. LAST <b>McConnell</b>	34. BIRTH STATE <b>WI</b>	35. NAME OF MOTHER/PARENT - FIRST <b>Caroline</b>
36. MIDDLE <b>Johanna</b>	37. LAST (BIRTH NAME) <b>Kolbek</b>	38. BIRTH STATE <b>Germany</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>03/16/2012</b>	40. PLACE OF FINAL DISPOSITION <b>McConnell res: 2071 Comstock Drive, Gardnerville, NV 89410</b>		
41. TYPE OF DISPOSITION <b>CR/TR/RES</b>	42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>	43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>Brune Mortuary</b>	45. LICENSE NUMBER <b>FD-192</b>	46. SIGNATURE OF LOCAL REGISTRAR <i>Lynda Roberts</i>	47. DATE mm/dd/yyyy <b>3/16/2012</b>
101. PLACE OF DEATH <b>Lake</b>	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/CC <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
104. COUNTY <b>Mono</b>	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>Topaz Lake</b>	106. CITY <b>Topaz</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular collapse without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) <b>Pending</b> Final disease or condition resulting in death (B) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	108. DEATH REPORTED TO CORONER (or Death) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>2012-097-07-Mono</b>	109. DEATH REPORTED TO CORONER (or Death) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	112. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy	115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	116. LICENSE NUMBER	117. DATE mm/dd/yyyy
118. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	119. I CERTIFY THAT IN MY OPINION DEATH 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 checked="" 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. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER <i>[Signature]</i>	127. DATE mm/dd/yyyy <b>03/15/2012</b>	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>Robert Weber, Chief Deputy Coroner</b>	
STATE REGISTRAR	A	B	C
D	E	FAX AUTH'L	GENSUS TRACT



CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF MONO

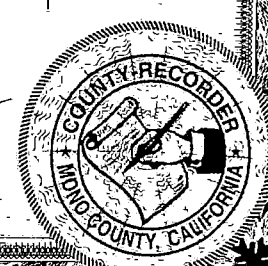
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Mono County Recorder.

DATE ISSUED **April 5, 2012**

*Lynda Roberts*  
LYNDA ROBERTS  
MONO COUNTY RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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

OFFICE OF RECORDER

**COUNTY OF MONO**  
 BRIDGEPORT, CALIFORNIA

**PHYSICIAN/CORONER'S AMENDMENT**

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3 2012 26 000009

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

BIRTH     DEATH     FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

**PART I - INFORMATION TO LOCATE RECORD**

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST Francis	1B. MIDDLE Earl	1C. LAST McConnell	2. SEX M
	3. DATE OF EVENT—MM/DD/YYYY 03/09/2012	4. CITY OF EVENT Topaz	5. COUNTY OF EVENT Mono	

**PART II - STATEMENT OF CORRECTIONS**

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107	Pending	Asphyxiation - Minutes
		Drowning
112	Blank	Alcohol Intoxication
119	Pending Investigation	Accident
120	Blank	No
121	Blank	03/09/2012
122	Blank	1800
123	Blank	Lake
124	Blank	Motor vehicle entered lake
125	Blank	Topaz Lake, Topaz, CA 96133

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	10. DATE SIGNED—MM/DD/YYYY	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER	
	12. ADDRESS—STREET AND NUMBER	13. CITY	14. STATE	15. ZIP CODE
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR		17. DATE ACCEPTED FOR REGISTRATION—MM/DD/YYYY	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS      FORM VS 24A (REV. 1/08)

000013508\*

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF MONO

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*Lynda Roberts*  
LYNDA ROBERTS  
MONO COUNTY RECORDER



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