

APN: 1420-34-303-002

When Recorded Mail to:
Chris D. Nichols, Esq.
Minden Lawyers, LLC
P.O. Box 2860
Minden, NV 89423

Mail Tax Statements to:
Nicholas P. Cane
2681 Stewart Avenue
Minden, NV 89423



00022819201508701230040046

KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030, I*, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA)
) : ss.
County of DOUGLAS)

Comes now, NICHOLAS P. CANE, SR., Affiant herein, being of lawful age and sound mind and having been duly sworn upon his oath, does state:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 2681 Stewart Avenue, Minden, NV 89423, was conveyed by Henry Tudino and Anna Tudino, husband and wife, to NICHOLAS P. CANE, SR. and SHARLA R. CANE, husband and wife as joint tenants with rights of survivorship, by that certain Grant, Bargain, Sale Deed recorded on 30 August 2000 as Document No. 0498552 in Book 0800 at Page 5500 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

1. SHARLA R. CANE died on 22 June 2015. A certified copy of SHARLA R. CANE's death certificate is attached hereto and incorporated herein by reference as *Exhibit A*.

3. I am SHARLA R. CANE's survivor joint tenant referred to as Grantee in that certain Grant, Bargain, Sale Deed recorded on 30 August 2000 as Document No. 0498552 in Book 0800 at Page 5500 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

2. The real property commonly known as 2681 Stewart Avenue, Minden, NV 89423, which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:


A parcel of land being a portion of Lot 1 of the original Artemesia Subdivision in the Northeast ¼ of the Southwest ¼ of Section 34, Township 14 North, Range 20 East, M.D.B.&M., in Douglas County, Nevada, described as follows:

BEGINNING at the Southeast corner of the parcel from which the South ¼ corner of said Section 34 bears South 8°13'03" East, 2312.29 feet; thence South 89°59' West 302.50 feet to Stewart Avenue; thence North 0°03' East, 160.63 feet along Stewart Avenue; thence North 89°59' East 302.50 feet; thence South 0°03' West, 160.63 feet to the point of beginning.

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Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED this 24 day of Sept, 2015.


NICHOLAS P. CANE, SR.

SUBSCRIBED and SWORN to before me
by NICHOLAS P. CANÉ, SR., this 24 day
of Sept, 2015.

Letitia G. Tognotti
Notary Public



COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015010591
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) Sharla Rae CANE		2. DATE OF DEATH (Mo/Day/Year) June 22, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 17, 1939		9a. STATE OF BIRTH (If not U.S.A.) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Nicholas CANE	
13. SOCIAL SECURITY NUMBER -0209		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Law	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2681 Stewart Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Aaron MCGADAMS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Flora FLOWER		
18a. INFORMANT-NAME (Type or Print) Nicholas P. CANE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2681 Stewart Ave Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial-Cremation and Bunal Society 1614 N Curry Street Carson City NV 89703	
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) VIJAY MAIYA MD 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) June 24, 2015		21c. HOUR OF DEATH 03:16		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) Vijay Maiya MD: 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) VERALYNN A. BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 24, 2015		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) Cardiopulmonary Arrest Interval between onset and death					
(b) Acute Renal Failure Interval between onset and death					
(c) Pancytopenia Interval between onset and death					
(d) Severe Protein Calorie Malnutrition Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Metastatic Breast Cancer				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

3838515

585477 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: 7/1/2015

R. J. White
SIGNATURE AUTHENTICATED

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

