

APN# 1318-10-310-063



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: KATHY McDuffee

Address: 1318 JOHNSON LN

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: KATHY McDuffee

Address: 1318 JOHNSON LN

City/State/Zip: MINDEN, NV 89423

AFFIDAVIT - DEATH OF JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death - NRS 440.380(1)(A) & NRS 40.525(5)

Judgment - NRS 17.150(4)

Military Discharge - NRS 419.020(2)

Signature

KATHY McDuffee

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

EXHIBIT "A"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

COMMENCING at an iron bar which marks then Northern corner of Lot 8 in Block D as shown on the amended map of Zephyr Cove Properties in Section 10, Township 13 North, Range 18 East, M.D.B.&M. filed in the office of the County Recorder of Douglas County, Nevada, on August 5, 1929; thence $53^{\circ}45'$ East a distance of 25.00 feet to a point; thence South $57^{\circ}45'$ East a distance of 15.21 feet to The True Point of Beginning; thence South $57^{\circ}45'$ East a distance of 101.36 feet to a point on the Western Right-of-way line of U S Highway 50; thence South $42^{\circ}54'$ West along said Western right-of-way line a distance of 68.36 feet to a point marked by a nail; thence North $65^{\circ}59'$ West a distance of 47.64 feet to a point marked by an iron post which bears South $12^{\circ}22'$ East a distance of 114.10 feet from The Point of Commencement; thence North $3^{\circ}08'$ East a Distance of 87.48 feet to the True Point of Beginning.

Note Legal description previously contained in Document No. 649610, recorded July 14, 2005 In Book 705, Page 6454, Official Records of Douglas County, State of Nevada.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015003170
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) William Gary MCDUFFEE			2. DATE OF DEATH (Mo/Day/Year) February 21, 2015		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) 1318 Johnson Lane		3e. if Hosp. or Inst. indicate DOA,OP/Emer, Rm. Inpatient(Specify) Home		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 68	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS		
8. DATE OF BIRTH (Mo/Day/Yr) May 15, 1946		9a. STATE OF BIRTH (If not U.S.A., Specify) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Kathleen PORTELLI		13. SOCIAL SECURITY NUMBER ██████████ 3330		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Owner-operator	
14b. KIND OF BUSINESS OR INDUSTRY Home Inspector		15. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1318 Johnson Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Duane MCDUFFEE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Patricia FLYNN		18a. INFORMANT- NAME (Type or Print) Kathleen MCDUFFEE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1318 Johnson Lane 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) RICHARD HEARN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 228	
20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED RALPH HERBIG DO		21b. DATE SIGNED (Mo/Day/Yr) February 23, 2015		21c. HOUR OF DEATH 21:27	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410		23b. LICENSE NUMBER 984	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 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))	
25. IMMEDIATE CAUSE (a) Cardiopulmonary Collapse		Interval between onset and death Minutes		25. IMMEDIATE CAUSE (b) Electrolyte Imbalance		Interval between onset and death Days	
25. IMMEDIATE CAUSE (c) Metastatic Liver Disease		Interval between onset and death Months		25. IMMEDIATE CAUSE (d) 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	
26. AUTOPSY (Specify Yes or 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.		28h. CITY OR TOWN		28i. STATE		28j. STATE	

STATE REGISTRAR

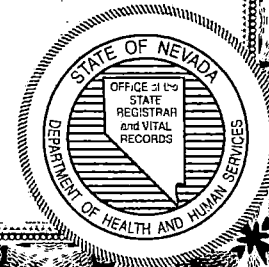
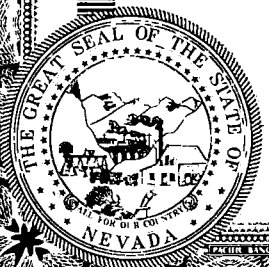
CERTIFIED COPY OF VITAL RECORDS

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: **3/2/2015**

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

R. Shore
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

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