

APN: 1420-33-510-014

**RECORDING REQUESTED BY AND
MAIL TO:**

Michael Smiley Rowe, Esq.
P.O. Box 2080
Minden, NV 89423

SENT TAX STATEMENTS TO:

Sonya Kay deHart
1320 Raeline Drive
Minden, NV 89423

Pursuant to NRS 239B.030(4), I affirm that this instrument DOES contain a social security number.



KAREN ELLISON, RECORDER

AFFIDAVIT OF SURVIVING JOINT TENANT

Sonya Kay deHart, being first duly sworn on oath, deposes and states under the pains and penalties of perjury as follows:

1. That your affiant was a joint tenant with John Edward deHart, Deceased. Your affiant is the surviving joint tenant of John Edward deHart.

2. Your affiant and John Edward deHart were grantees in joint tenancy with right of survivorship pursuant to that certain Grant Deed dated July 16, 1979, and recorded July 17, 1979, in the official records of Douglas County, Nevada, as Document No. 34575, Book 779, Page 963.

The grantees in the grant, bargain and sale deed are one and the same as your affiant and John Edward deHart.

3. The joint tenancy property, with right of survivorship, is located at 1320 Raeline Lane, Minden, Nevada, 89423. The property may be more specifically identified as:

Lot 14, Block 1, as shown on the Plat of Mountain View Estates No.1, recorded December 1, 1978, as Document No. 27818, Official Records of Douglas County, State of Nevada.

4. John Edward deHart, affiant's joint tenant, died on 1 June 2016, in Minden, Nevada, and is the identical person named as the Deceased in that certain certified copy of the Certificate of Death attached hereto as Exhibit "A". The certified copy of the Certificate of Death is incorporated herein by this reference as if set forth in full.

5. That all of the property identified herein is now vested in your affiant, Sonya Kay deHart, as of the date of the Decedent's death.

DATED this 24 day of June, 2016.

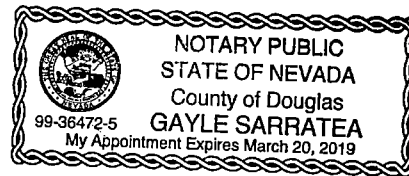
Sonya Kay deHart
Sonya Kay deHart

ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On the 24th day of June, 2016, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared Sonya Kay deHart, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

This instrument was acknowledged before me on this 24th day of June, 2016.



Gayle Sarratea
NOTARIAL OFFICER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3897651

CERTIFICATE OF DEATH

2016010151
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): John Edward DE HART		2. DATE OF DEATH (Mo/Day/Year) June 01, 2016		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 inpatient)(Specify) 1320 Raeline Ln Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 0574		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Telecommunications	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1320 Raeline Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) No		11. MARITAL STATUS (Specify) Married	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Edward DE HART		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Adna JOUFFRET			
18a. INFORMANT-NAME (Type or Print) Sonya DE HART		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1320 Raeline Ln, 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) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) JEFFREY W SANDERS 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) June 07, 2016		21c. HOUR OF DEATH 09:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jeffrey W Sanders M.D. 1200 N Mountain St Carson City, NV 89703		23b. LICENSE NUMBER 9437			
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 07, 2016		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) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Ischemic Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Immediate		Interval between onset and death Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Aortic Valve Replacement		Interval between onset and death Years		Interval between onset and death Years	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. 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

000630005



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.

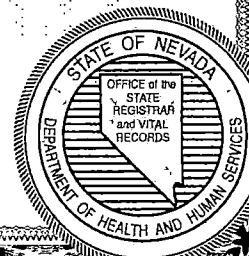
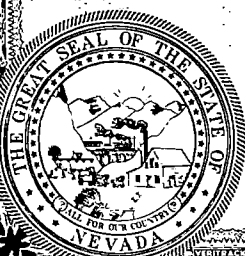
DATE ISSUED:

6/9/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE