



KAREN ELLISON, RECORDER

APN 1220-16-210-091

WHEN RECORDED MAIL TO:
SCOTT A. KUNOW
1289 MANHATTAN WAY
GARDNERVILLE, NV 89460

AFFIDAVIT OF SURVIVING JOINT TENANTS

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

I, SCOTT A. KUNOW, hereby swear under penalty of perjury that the assertions of this Affidavit are true of my own knowledge:

That I am over the age of twenty-one (21) years and competent to be witness as to the matters hereinafter stated.

I am SCOTT A. KUNOW, a person names as a grantee and joint tenant in that certain Grant, Bargain and Sale Deed recorded on June 17, 2004, in Book 0604, page 08801, as Document No. 0616377 of the Official Records in the Office of the County Recorder of Douglas County, Nevada and the real property is more commonly known as 1289 Manhattan Way, Gardnerville, NV 89460.

The property 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:

Lot 6, in Block D, as said lot and block are shown on that certain Map entitled "AMENDED MAP OF RANCHOS ESTATES" filed for the record on October 30, 1972, in Book 1072, page 642, as Document No. 62493.

Sharon L. Burkett, was one of the grantees and joint tenants named in said Deed, who died on the 14th day of December, 2010, and who is the identical person named as Sharon L. Burkett, the decedent named in the attached Certificate of Death

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010020297
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) Sharon Lynn BURKETT-KUNOW			2. DATE OF DEATH (Mo/Day/Year) December 14, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1289 Manhattan Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 54	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) April 21, 1956
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Scott KUNOW
13. SOCIAL SECURITY NUMBER ██████████-5800		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Emergency Dispatcher		14b. KIND OF BUSINESS OR INDUSTRY Div. Of Forestry		15. Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1289 Manhattan Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Larry D BURKETT				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alicia BIGGS		
18a. INFORMANT- NAME (Type or Print) Scott KUNOW			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1289 Manhattan Way Gardnerville, Nevada 89460			
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) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
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) J. MCKONE 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) J. MCKONE SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) February 12, 2011		21c. HOUR OF DEATH 11:50		22b. DATE SIGNED (Mo/Day/Yr) February 12, 2011		22c. HOUR OF DEATH 11:50
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) December 14, 2010		22e. PRONOUNCED DEAD AT (Hour) 11:50	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner J. MCKONE 1625 8th Street Minden, NV 89423					23b. LICENSE NUMBER 301	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2011		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) Oxycodone Intoxication 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 I.					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) ACCIDENT	28b. DATE OF INJURY (Mo/Day/Yr) December 14, 2010	28c. HOUR OF INJURY 1150	28d. DESCRIBE HOW INJURY OCCURRED Unattended			
28e. INJURY AT WORK (Specify Yes or No) No	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION 1289 Manhattan Way	STREET OR R.F.D. No.	CITY OR TOWN Gardnerville	STATE Nevada

STATE REGISTRAR

3571431

374029

CERTIFIED COPY OF VITAL RECORDS

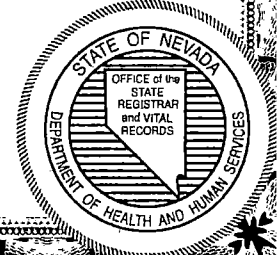
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 02/24/2011

R. D. White
SIGNATURE AUTHENTICATED

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

VRS-Rev-20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE