RECORDING REQUESTED BY: Susan Davis

AND WHEN RECORDED MAIL TO:

DOUGLAS COUNTY, NV Rec:\$16.00 Total:\$16.00 SUSAN DAVIS

2016-892369

12/20/2016 01:42 PM

Pgs=3

Susan A. Davis 916 Dean Drive Gardnerville, NV 89460

KAREN ELLISON. RECORDER

Order No.:

Escrow No.: 210

APN: 1220-15-24-=066

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

Susan C. Davis, of legal age, being first duly sworn, deposes and says:

Robert H. Davis is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain deed dated June 6, 1994, executed by Robert H. Davis and Susan C. Davis, husband and wife as joint tenants, recorded on June 15, 1994, as Instrument No. 339763 Official Records of Douglas County, Nevada, describing the following real property:

FOR LEGAL DESCRIPTION SEE EXHIBIT 'A' ATTACHED HERETO AND MADE A PART HEREOF

Dated: ////5///

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF NEVADA

COUNTY OF ___

) SS.

Subscribed and sworn to (or affirmed) before me on this

15 day of November 2016 by

unson

SUSAN C. DAVIS

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

(This area for notary stamp)

Exhibit "A"

All that real property in the County of Cdouglas, State of Nevada, being Assessor's Parcel Number 1220-15-210-066, specifically described as:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 40, as shown on the map of Gardnerville Ranchos Unite No. 2, filed for record in the office of theCounty Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, Page 686, as Document No. 28309, and Amendeded Title Sheet recorded on June 4, 1965, in Book 31, Page 797, as Document No. 28377.

APN: 1220-15-210-066

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining, and any reversions, remainders, rents, issues or profits thereof.



CASE FILE NO. 3883242

STATE OF NEVADA CERTIFICATION OF VITAL RECORD

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH **VITAL STATISTICS**

CERTIFICATE OF DEATH

2016004619

STA	TE	FI	LE	NI	Jħ	18	EF	ł

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TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST,N	IIDDLE,LAST,SUFFIX)				2. D.	ATE OF DEATH			OUNTY OF	DEATH
PERMANENT	Robert Harold		DAV	ris		}	March 08	3. 2016		Cars	on City
BLACK INK	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPI	TAL OR OTHE	R INSTITUTION -	Name(If not e	ither, give stre	et an 3e.lf Hosp.	or Inst. indica	te DOA OP.	Æmer. Rm.	4 SEX
	Carson City Carson Tahoe R			ahoe Regional	gional Medical Center				atient		Ma
	5. RACE White 6. Hispanic Origin? Spec				7a. AGE-Last birthday 7b. UNDER 1 Y			7c. UNDER 1	DAY 8. C	ATE OF BIF	
	(Specify)		No - Non-His	•	(Years)	63	OS DAYS	HOURS	MINS	Novemb	er 04, 195
	9a. STATE OF BIRTH (If not US/0			ITRY 10.EDUCATI			ecify) 12. SUR	VIVING SPOUS	E'S NAME (La		
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REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER 0481	148. USUAL OL	•	ingineer / Mas	•		The same of the sa	S. Air For	1000000		er in US An ces? Yes
RESIDENCE ITEMS		5b. COUNTY		ITY, TOWN OR LO			AND NUMBER			The state of the s	e. INSIDE CITY VITS (Specify)
	Nevada	Douglas		Gardnerville		916 Dean Dr		-	-	or	NO Yes
1	16. FATHER/PARENT - NAME (I		x)		17. M	OTHER/PARE	NT-NAME (Fi	rst Middle La	ast Suffix)	1	1
PARENTS	Ň	Melvin Harold DA	VIS	/			Fanr	nie Ethel T	TUCKE	₹ "\	- 75
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRES						No, City or Town			1	
		DAVIS					or, Gardnerv				1
SPOSITION	19a, BURIAL, CREMATION, REN) 196. CEMET	45	rory - NAM! enry's Cre		- \ \	19c. LOCA			State
	Crematic 20a, FUNERAL DIRECTOR - SIG		****	7%	7%	-	ND ADDRESS O		arson Ci	ty Nevada	8 69/01
		INATURE (OF PERSON AC R ROBINSON	ung as Such)	LICENSE NUM		ZUC. NAME A	ADDRESS נא FitzHenry'	s Carson V	/allev Fu	neral Hon	ne
		URE AUTHENTICAT	ED	870	794			ay 395 N C			
RADE CALL	TRADE CALL - NAME AND ADD				V	$\overline{}$					
CERTIFIER		nature & Title) S TODD CHAPMA	IGNATURE / N M.D.	ite and place and dispute and dispute and place and dispute and di	pleted by	t the time, date o	s of examination a and place and due SNED (Mo/Day/)	to the cause(s)) stated. (Sig		e)
CERTIFIER	21b. DATE SIGNED (Mo	nature & Title) 8 TODD CHAPMA Day/Yr) 21c.	N M.D. HOUR OF DE. 03:	AUTHENTICATE ATH 5:00	Completed b	the time, date of		to the cause(s)) stated. (Sig	gnature & Titl	e)
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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:

3/17/2016

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

