

APN: 1420-07-718-004
RECORDING REQUESTED BY:
JUSTIN M. TOWNSEND, ESQ.
ALLISON MacKENZIE, LTD.
402 North Division Street
Carson City, Nevada 89703



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Linda Garcia
1532 North Court, Apt. E
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

LINDA GARCIA, whose mailing address is 1532 North Court, Apt. E, Gardnerville, NV 89410, being first duly sworn, deposes and says:

That I am a daughter of BETTY and ELVIN BLANKENSHIP. That BETTY JANE BLANKENSHIP, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BETTY BLANKENSHIP named as one of the parties in that certain Grant Deed recorded December 1, 1992, as Document Number 294412, in Book 1292, page 111, executed by ALLEN D. GIBSON, an unmarried man, which transferred the subject real property to ELVIN BLANKENSHIP and BETTY BLANKENSHIP, Husband and Wife as Joint Tenants, with right of survivorship, recorded in the records of the Office of Recorder of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, State of Nevada, APN: 1420-07-718-004, and more particularly described as follows:

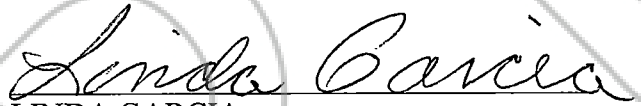
Lot 80, as shown on the map of RIDGEVIEW ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972, in Book 1272, Page 690, as Document No. 63503. TOGETHER WITH A 1979 BROADMORE MOBILE HOME ID# 2663 BIDFLX9331343 SITUATED THEREON.

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

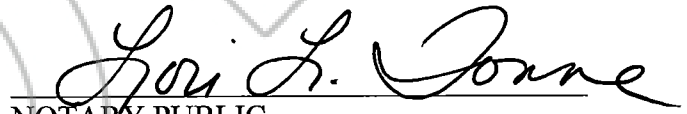
(Pursuant to NRS 111.312, this legal description was previously recorded on December 1, 1992, as Document Number 294412, Official Records of Douglas County, Nevada.)

I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

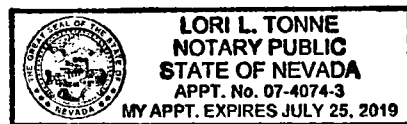
Dated this 10 day of January, 2018.


LINDA GARCIA

On January 10th, 2018, personally appeared before me, a notary public, LINDA GARCIA, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.


NOTARY PUBLIC

4829-3033-8138, v. 1



CERTIFICATION OF VITAL RECORD

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

2007000944

STATE FILE NUMBER

VITAL STATISTICS

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. DÉCEASED-NAME FIRST Betty			1b. MIDDLE Jane			1c. LAST BLANKENSHIP			2. DATE OF DEATH (Mo/Day/Year) February 21, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Indian Hills				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 915 Garnet Court					3a.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX Female		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 01, 1929		
9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Elvin Wade BLANKENSHIP			
13. SOCIAL SECURITY NUMBER [REDACTED] 8721				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker					14b. KIND OF BUSINESS OR INDUSTRY Own Home					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Indian Hills			15d. STREET AND NUMBER 915 Garnet Court			15e. INSIDE CITY LIMITS (Specify Yes or No) No				
16 FATHER - NAME (First Middle Last Suffix) William DUNCAN						17. MOTHER - NAME (First Middle Last Suffix) Lily HARVEY								
18a. INFORMANT - NAME (Type or Print) Donna HERROD						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 915 Garnet Court Carson City, Nevada 89705								
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 89705						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial 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) SIGNATURE AUTHENTICATED THOMAS MERRY MD						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) March 01, 2007			21c. HOUR OF DEATH 04:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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) THOMAS MERRY MD 1107 Highway 395 Gardnerville, NV 89410										23b. LICENSE NUMBER 7634				
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 05, 2007				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														
DUE TO, OR AS A CONSEQUENCE OF:														
(b) Lung Cancer														
DUE TO, OR AS A CONSEQUENCE OF:														
(c)														
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) No		
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

51015

OSRB1004-Rev-E2

T2348 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.

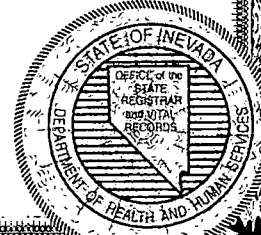
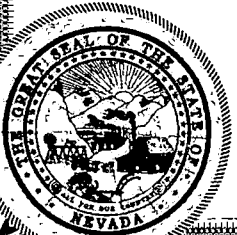
DATE ISSUED:

03/05/2007

SIGNATURE AUTHENTICATED

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

PBNC0 (R.V.) 1/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE