DOC # 0144713

FIRST AMERICAN TITLE COMPANY

Lincoln County - NV – Recorder Leslie Boucher Fee: \$16.00

RPTT:

Page 1 Recorded By: AE

Book- 284 Page-



006-161-04 APN NO.:

WHEN RECORDED MAIL TO: MYRNA DELL WADSWORTH BOX 271 alamo, W99001

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

ESCROW NO.: 13480609 SL1

2457388 WB

AFFIDAVIT - DEATH OF JOINT TENANT

Myrna Dell Wadsworth, of legal age, being duly sworn, deposes and says:

That Donald Clayton Wadsworth, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Donald Clayton Wadsworth, named as one of the parties in that certain Deed dated July 14, 1977, executed by Charles E. Wadsworth, Theresa S. Wadsworth Co-Trustees of the Wadsworth 1976 Trust and Leonard E. Wadsworth and Cecil Wadsworth, Co-Trustees of the Wadsworth 1976 trust to Charles Earl Wadsworth Jr. and Verla Wadsworth, husband and wife as joint tenants and Donald Clayton Wadsworth and Myrna Dell Wadsworth, husband and wife as joint tenants, recorded as Instrument No. 59914, on July 18, 1977 in Book 24, Page 146 of Official Records of Lincoln County, Nevada, covering the following described property.

see a Haced legal description

Dated: November 27, 2013

na Del Wadswoll

NEVMA STATE OF COUNTY OF

} ss:

This instrument was acknowledged before me on Pe(2, 2a/3)

MYRKA DELL WARDS WAR by

(Notary Seal)

RICHARD SAHLBERG Notary Public - State of Nevada Appointment Recorded in Washoe County No: 10-2643-2 - Expires August 20, 2014 Notary Public

My commission expires: ___

"EXHIBIT A"

The West half of the Northwest quarter of Section 24, Township 1 North, Range 58 East, M.D.B & M., Lincoln County, Nevada



WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

			*. *	CERH	FICATE	וע אט:	:А1П		ı İ		TATE FIL	00948 E NUMBE		1	
7	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)								OF DEATH:	Mo/Day/Y	ear)	aar) 3a: COUNTY OF DEATH			
	Donald Clayton WADSWORTH 3b. CITY TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Name(If not either, given							June 02, 2013				Washoe			
31 T	b CITY, TOWN, OR LOCATIO Sparks	N OF DEAT	and number) Northe	rn Nevada	Medical (Center	10 Tar	3e.lf Hosp. Inpatient(Sp	ecify) [npatien	t		sex Male	
	RACE White Specify)		6. Hispanic Origin? Specify No - Non-Hispanic No - Non-Hispanic No - Non-Hispanic No - Non-Hispanic					R1 YEAR DAYS	7c. UNDE HOURS	MINS	Dec	of Birth (M ember 28	1929		
	a. STATE OF BIRTH (If not U.) ame country) Nevada			States	12	DIV	ORCED (Spe	cify) Marr	ied		maiden	name)		HIGBEE	
Ĺ	3. SOCIAL SECURITY NUMBER	of	a. USUAL OCC Working Life, E	ven If Retired	^{d)} Super	intendant	(onstruc		RY	Ever in U Forces?	No	
13	5a. RESIDENCE - STATE Nevada	15b. COUN	TY V ashoe	15c. CI	ity, town oi Spa		7 1 two	STREET A 5 Dolore	ND NUMBE S Drive	R			15e. INSID LIMITS (Sp or No)		
10	6. FATHER/PARENT - NAME Le		e Last Suffix WADSWC		· ·	-	MOTHER/F	PARENT - I		st Middle ecile V		794			
1	8a. INFORMANT- NAME (Type Gaynel V		RTH.	1	8b. MAILING	ADDRESS	(Street or R 5045 Do		ity or Town rive Spar			436		1	
1	9a. BURIAL, CREMATION, RE Buria		HER (Specify)	19b. CEMET			AME Cemeter	y \		19c. LO	CATION Alar	City or T	own State		
red hv	RADE CALL - NAME AND AD 2 21a. To the best of my king of due to the cause(s) state	ORESS nowledge, d d. (Signatu		it the time, de GNATURE A	te and place a				examination	and/or in	vestigatio		9503 inion death o ture & Title)	te benucac	
R	21b DATE SIGNED (Mc			OUR OF DEA	1000	Comple	22b. DAT	E SIGNED	(Mo/Day/Yr		22c.	HOUR OF	DEATH		
To Ba	21d. NAME OF ATTEND (Type or Print)	ING PHYSI	CIAN IF OTHE	R THAN CER	TIFIER	To Be	22a. PRC	NOUNCE	D DEAD (M	y/Day/Yr)	22e.	PRONOUN	ICED DEAD	AT (Hour)	
2	3a. NAME AND ADDRESS OF		≀(PHYSICIAN, T DALRYM			Prater W	ay Sparks	NV	- N				SE NUMBER 13136		
R ^{[∑}	4a. REGISTRAR (Signature):	SIG	BRIDGE NATURE AU		100	24b. D/ (Mo/Da	TE RECEIVE	D BY REC	No.	24c. [DEATH DU YES		MÜNICABLI	É DISEASE	
-1	25. IMMEDIATE CAUSE PART I (a) Worseni	ENTER 1g rena	ONLY ONE CA I function	USE PER LII	VEFORt(a), (b), AND (c).)	an Air				t t	Interval b	etween onse	t and death	
	DUE TO, OR (b) Alzheime	as a cons ers dem	equence of: nentia	efat wat v		. \		1.00			1 1 1	interval b	elween onse	t and death	
J		AS A CONS	EQUENCE OF		*** *******************************		us de T		1.] [Interval t	etween onse	et and death	
	DUE TO, OR	AS A CONS	EQUENCE OF		1110 110 1		1			5		Interval t	ostween onse	et and death	
1	PART II OTHER SIGNIFICAN	CONDITIO	NS-Conditions	contributing t	o death but no	it resulting in	the underlyin	ig cause gi	ven in Part		6. AUTOR Specify Y			E REFERRED R (Specify Yes No	
2	Ba. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	28b, DATE	OF INJURY (Mor	Day/Yr}	28c. HOUR OF	INJURY	Bd. DESCRIBE	HOW INJUR	Y OCCURRE	<u> </u>	i.				
	Se. INJURY AT WORK (Speci		CE OF INJURY	- At home, fai	rm, street, fact	ory office	28g. LOCATI	ON S	TREET OF	R.F.D. N	oC/1	Y OR TOV	VN,	STATE	

STATE REGISTRAR

VRS-Rev-20120523a



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.

06/13/2013

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

