

Official Record

Recording requested By
FIRST AMERICAN TITLE INSURANCE COMP

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$35.00

Page 1 of 3

RPTT:

Recorded By: AK

Book- 315 Page-

0356



Recording Requested by:

(801)578-8888

AFTER RECORDING RETURN TO:

Haight
20619 Pinion Pine Road
Pioche, NV 89043

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

AFFIDAVIT
DEATH OF A JOINT TENANT

Escrow No. 53340681LA (ddd)
A.P.N.: 006-041-51

I, **Charlene Haight** being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years and a resident of **Pioche**, County of **Lincoln**, State of **NV**:

That I was well and personally acquainted with **Gary Lee Haight**, one of the grantees in that certain Warranty Deed recorded **May 18, 2011** as Entry No. **138149** in Book **263**, at Page **0208**, records of the Recorder of **Lincoln** County, Utah.

That I know of my own knowledge that **Gary Haight** in the said deed and **Gary Lee Haight** mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of **Gary Haight** and **Charlene Haight**, with respect to the following described property, situated in **Lincoln** County, State of Utah:

THE NORTH HALF (N1/2) OF THE SOUTHEAST QUARTER (SE1/4) OF U.S. GOVERNMENT LOT NO. 9 IN SECTION 2, TOWNSHIP 4, NORTH, RANGE 67 EAST, M.D.B. AND M., LINCOLN COUNTY, NEVADA.

Dated: **November 20, 2017**

Charlene Haight

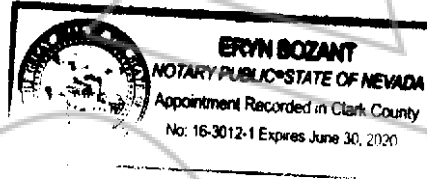
STATE OF Nevada)
County of Clark) ss.

On November 30, 2017, before me, the undersigned Notary Public, personally appeared Charlene Haight, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: June 30, 2020

Eryn Bozant
Notary Public



COPY

CERTIFICATION OF VITAL RECORD



EL DORADO COUNTY

HEALTH SERVICES DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201209000163

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GARY		3. LAST (Family) HAIGHT	
2. MIDDLE LEE		4. DATE OF BIRTH m/m/yyyy 06/12/1945	
5. AGE Yrs. 66		6. SEX M	
3. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH m/m/yyyy 02/12/2012	
8. HOUR (24 Hour) 0200		13. EDUCATION - Highest Level/Degree ASSOCIATE	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROGRAMMER ANALYST		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) INFORMATION TECHNOLOGY	
19. YEARS IN OCCUPATION 32		20. DECEDENT'S RESIDENCE (Street and number, or location) 3012 ESTEPA DR	
21. CITY CAMERON PARK		22. COUNTY/PROVINCE EL DORADO	
23. ZIP CODE 95682		24. YEARS IN COUNTY 24	
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or care facility, nursing home, etc., of town, state and zip) 3012 ESTEPA DR, CAMERON PARK, CA 95682	
28. INFORMANT'S NAME, RELATIONSHIP CHARLENE HAIGHT, WIFE		29. NAME OF SURVIVING SPOUSE/SRDP - FIRST CHARLENE	
29. MIDDLE ANN		30. LAST (BIRTH NAME) GROH	
31. NAME OF FATHER/PARENT - FIRST HARRY		32. MIDDLE EUGENE	
33. NAME OF MOTHER/PARENT - FIRST MILDRED		34. LAST (BIRTH NAME) HAIGHT	
35. MIDDLE GERALDINE		36. LAST (BIRTH NAME) DURHAM	
37. BIRTH STATE OK		38. BIRTH STATE OK	
39. DEPOSITION DATE m/m/yyyy 02/17/2012		40. PLACE OF FINAL DEPOSITION AT SEA OFF THE COAST OF MARIN COUNTY	
41. TYPE OF DISPOSITIONS CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CA	
45. LICENSE NUMBER FD1335		46. SIGNATURE OF LOCAL REGISTRAR ROBERT HARTMANN, MD	
47. DATE m/m/yyyy 02/17/2012		48. SIGNATURE OF LOCAL REGISTRAR ROBERT HARTMANN, MD	
101. PLACE OF DEATH OWN RESIDENCE - HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> CR/OP <input type="checkbox"/> OOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME/LTC <input checked="" type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> Other		104. CITY CAMERON PARK	
105. FACILITY ADDRESS OF LOCATION WHERE ATE AND DRANK (and number, or location) 3012 ESTEPA DR		106. COUNTY EL DORADO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or posttraumatic Mortation without showing the etiology. DO NOT ABBREVIATE. RENAL CANCER		108. CORONER/RESPONSE OCCURRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST		109. SPOUSE PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Secondary, but congruous, if any, leading to cause per ILM A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST RENAL CANCER		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date) NO		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Since: 01/06/2012 Decedent's Last Seen Alive: 02/09/2012		115. SIGNATURE AND TITLE OF CERTIFIER JEANINE MICHELLE ELLINWOOD M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEANINE MICHELLE ELLINWOOD M.D. 6520 PLEASANT VALLEY RD, DIAMOND SPRINGS, CA 95619		117. LICENSE NUMBER G80715	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE m/m/yyyy		121. HOUR (24 Hour)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Event(s) which resulted in injury)	
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
126. DATE m/m/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH./J	
CENSUS TRACT		010001001993401	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

Robert Hartmann MD
* 000140036 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Services Department.

FEB 28 2012

DATE ISSUED _____

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

07/19/2013, 20130038028

ATION OR ERASURE VOIDS THIS CERTIFICATE

