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Assessor's Parcel Number: 1220-15-110-001

Recording Requested By: SHIRLEY A. WILSON
JACK SHEEHAN, ESQ.

Name: ✓ SHIRLEY A. WILSON

Address: 1015 Dresslerville Rd

City/State/Zip Gardnerville, NV. 89410

R.P.T.T.: _____

REQUESTED BY
Jack Sheehan
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 DEC 30 AM 10:39

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID KJ DEPUTY

AFFIDAVIT DEATH OF A JOINT TENANT
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

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AFFIDAVIT-DEATH OF A JOINT TENANT

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STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, SHIRLEY A. WILSON, of legal age, being duly sworn, deposes and says that WILLIAM A. WILSON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as WILLIAM WILSON named as one of the parties in that certain JOINT TENANCY DEED dated October 12, 1981 DOUGLAS ANTON HELLMAN, a married man as his sole and separate property, to WILLIAM A. WILSON and SHIRLEY A. WILSON, husband and wife as joint tenants with right of survivorship recorded as instrument number 61325, on October 20, 1981, in Book 1081, Page 1029, of Official Records of Douglas County, Nevada, covering the following described property:

Lot 295, as said lot is shown on the official plat of Gardnerville Ranchos, Unit No. 2, filed in the office of the County Recorder, Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as Document No. 28309, and title sheet amended on June 4, 1965, as Filing No. 28377.

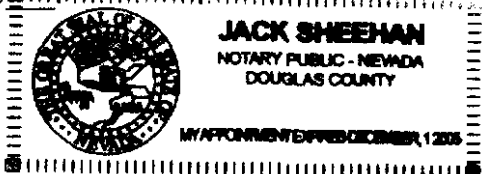
APN: 1220-15-110-001

DATED this 8 day of DECEMBER, 2003

Shirley A. Wilson
SHIRLEY A. WILSON

SUBSCRIBED and SWORN to before me
this 8 day of December, 2003

Jack Sheehan
NOTARY PUBLIC

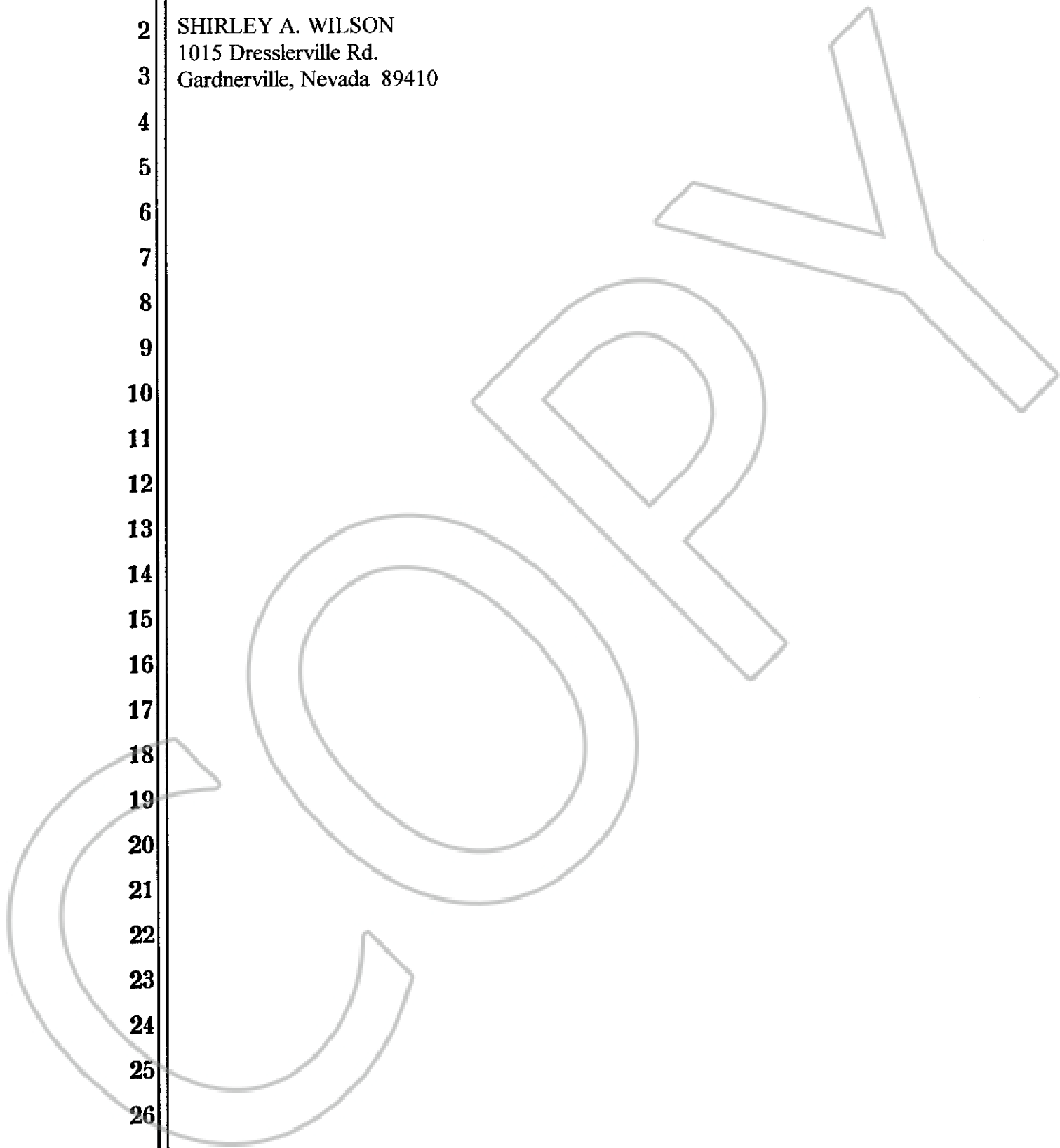


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WHEN RECORDED MAIL TO:

SHIRLEY A. WILSON
1015 Dresslerville Rd.
Gardnerville, Nevada 89410



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last William Ambrose WILSON		DATE OF DEATH (Month, Day, Year) November 29, 2003	COUNTY OF DEATH 3a. Douglas
3b. Gardnerville		3c. Carson Valley Medical Center	3e. Inpatient
3d. Male		4. SEX	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 71
8. June 18, 1932		9. DATE OF BIRTH (Mo., Day, Yr.)	
9a. Pennsylvania		9b. USA	10. Decedent's Education. Specify highest grade completed. 14
11. Married		12. Shirley Bailey	
13. 5910		14a. Deputy Sheriff	
14b. Law Enforcement		15. KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15b. Douglas	
15c. Gardnerville		15d. 1015 Dresslerville	
15e. Yes		15f. INSIDE CITY LIMITS (Specify Yes or No)	
16. David Laird Wilson		17. Ora Delila Banks	
18a. Shirley Wilson		18b. 1015 Dresslerville Rd., Gardnerville, Nevada 89460	
19a. Cremation		19b. Walton's Sierra Crematory	
19c. Carson City, Nevada		19d. LOCATION City or Town State	
20a. Jimmy B		20b. 09	
20c. 1281 N. Roop St., Carson City, Nevada 89706		20d. NAME AND ADDRESS OF FACILITY	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Rex Baggett, M.D.		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) and manner stated. (Signature and Title) Rex Baggett, M.D.	
21b. 12-1-03		21c. 1023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. Rex Baggett, M.D., 200 Bath St., Suite 1, Carson City, NV		22c. PRONOUNCED DEAD (Hour)	
23a. Rex Baggett, M.D., 200 Bath St., Suite 1, Carson City, NV		23b. 2395	
24a. Vera B. Kucharski		24b. December 2, 2003	
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Sudden death cause unknown		Interval between onset and death	
(b) Chronic obstructive Pulmonary Disease		Interval between onset and death	
(c) Aortic valve replacement		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. Atherosclerotic vascular disease		26. NO	
27. Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or 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		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE	



STATE REGISTRAR

No. 246940

This is to certify that the above is a true and correct copy of the certificate on file in this office.

DEC 02 2003

Yvonne Sylva
State Registrar

Date Issued: 0600839

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WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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