

76

OFFICIAL RECORD

Requested By:  
JEROME E ETCHEGOYEN

APN: 1320.32.114/09  
~~25-222-02~~

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0505 PG-13983 RPTT: 0.00



RECORDING REQUESTED BY:  
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name JEROME E. ETCHEGOYHEN  
Street PO BOX 223  
Address  
City,State MINDEN, NV 89423  
Zip

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT - DEATH OF JOINT TENANT**

JEROME E. ETCHEGOYHEN, of legal age, being first duly sworn, deposes and says:


That SHARON K. ETCHEGOYHEN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SHARON K. ETCHEGOYHEN named as one of the parties in that certain Individual Grant Deed dated February 28, 1994 executed by JEROME E. ETCHEGOYHEN AND SHARON K. ETCHEGOYHEN to JEROME E. ETCHEGOYHEN AND SHARON K. ETCHEGOYHEN as joint tenants, recorded as instrument No. 331574, on March 4, 1994, in Book 0394, Page 0867, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 4, in Block B, of the SOUTH ADDITION TO THE TOWN OF MINDEN, Douglas County, State of Nevada, according to the Official map thereof, filed in the office of Douglas County, Nevada on April 9, 1957 as Document No. 12130

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \_\_\_\_\_.

Dated May 31, 2005

  
JEROME E. ETCHEGOYHEN, Surviving Joint Tenant

STATE OF NEVADA


COUNTY OF DOUGLAS

} SS

This instrument was acknowledged before me on May 31, 2005,

by JEROME E. ETCHEGOYHEN.



  
Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED—NAME First Middle Last <b>Sharon Kathleen ETCHEGOYHEN</b>			2. DATE OF DEATH (Month, Day, Year) <b>March 19, 2004</b>		3. COUNTY OF DEATH <b>Douglas</b>		
3b. MINDEN CITY, TOWN OR LOCATION OF DEATH			3c. 1600 County Road HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		3e. SEX <b>Female</b>		
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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) <b>73</b>		7b. UNDER 1 YEAR MOS : DAYS	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
13. SOCIAL SECURITY NUMBER <b>3853</b>		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Jerome E. Etchegoyhen</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1600 County Rd</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER—NAME First Middle Last <b>Victor J. McPartland</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Katherine Kiley</b>		
18a. INFORMANT—NAME (Type or Print) <b>Jerome E. Etchegoyhen</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 223 Minden, Nevada 89423</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Walton's Carson Sierra Cremation</b>		19c. LOCATION City or Town State <b>Carson City Nevada</b>			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Dermody</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>09</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Cremation &amp; Burial Society 1614 N. Curry St. Carson City, NV 89703</b>			
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) <i>A. Miller, MD</i>			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) <i>A. Miller, MD</i>				
21b. DATE SIGNED (Mo., Day, Yr.) <b>3/22/04</b>		21c. HOUR OF DEATH <b>17:20</b>		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 (Hour)		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			22f. LICENSE NUMBER				
23a. <b>Andrea Miller M.D. 1374 Bridle Way Minden, Nevada 89423</b>			23b. <b>8912</b>				
24a. REGISTRAR (Signature) <i>Gaimio Evans</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 22, 2004</b>		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) DUE TO, OR AS A CONSEQUENCE OF: <b>Cardiopulmonary arrest</b>		Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Cancer of esophagus</b>		Interval between onset and death					
(c)		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.				26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

No. 260185

09411

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:

MAR 22 2004

STATE REGISTRAR

This copy is not valid unless prep

