

OFFICIAL RECORD

Requested By:

STOKES & WINTER

Recorded at the request of:

Mark A. Winter  
801 N. Division  
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

✓ Mildred G. Golden  
3451 Alpine View Court  
Carson City, Nevada 89705

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-0806 PG- 9338 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1419-11-002021

Mildred G. Golden and being first duly sworn, deposes and says:

1. Arthur Golden, died on the 22nd day of September, 2005, and a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said Arthur Golden was an owner in joint tenancy with the Affiant of certain real property located in the County of Douglas, State of Nevada, described as follows:

Lot 71, as shown on the map of ALPINE VIEW ESTATES NO 3, filed in the office of the County Recorder of Douglas County, Nevada, on April 16, 1973, as document No. 65319.

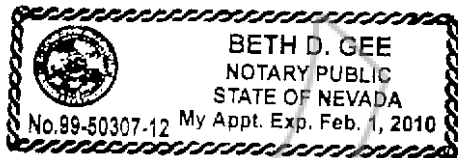
3. That said joint tenancy was created by a Deed dated May 13, 1985, recorded on May 21, 1985, as Document Number 117619 in the Douglas County Recorder's Office.

4. That upon the death of Arthur Golden, the Affiant became the sole owner of the above-described property as her sole and separate property.

*Mildred G. Golden*  
Mildred G. Golden

Subscribed and sworn to before me  
this 23<sup>rd</sup> day of August, 2006.

*Beth D. Gee*  
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**

Altered

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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Arthur GOLDEN JR.		2. September 22, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Jacks Valley		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emor. Rm. Inpatient (Specify)	
3c. 3451 Alpine View Court		3e. <input type="checkbox"/> <input checked="" type="checkbox"/>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		4. Male	
5. White		DATE OF BIRTH (Mo., Day, Yr.)	
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. 81	
7b. UNDER 1 YEAR		7c. UNDER 1 DAY	
8. AGE—Last Birthday (Years)		8. May 18, 1924	
9a. STATE OF BIRTH (If not U.S.A., name country)		10. 12	
9b. Arkansas		11. Married	
9c. U.S.A.		12. Mildred G. Koledin	
10. Decedent's Education. Specify highest grade completed.		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
11. 12		12. SURVIVING SPOUSE (If wife, give maiden name)	
12. SOCIAL SECURITY NUMBER		13. KIND OF BUSINESS OR INDUSTRY	
13. 7909		14. Utility Industry	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14b. STREET AND NUMBER	
14a. Test Technician		14b. 3451 Alpine View Ct.	
15a. RESIDENCE—STATE		15c. CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Jacks Valley	
15b. COUNTY		15d. STREET AND NUMBER	
15b. Douglas		15d. 3451 Alpine View Ct.	
15c. CITY, TOWN, OR LOCATION		15e. INSIDE CITY LIMITS (Specify Yes or No)	
15c. Jacks Valley		15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Arthur Golden		17. Zella Alphin	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Mildred G. Golden		18b. 3451 Alpine View Court Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's	
19c. Carson Sierra Crematory		19d. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>Tommy Perry</i>		20b. Capitol City Cremation & Burial	
20c. 09		20d. Society 1614 N. Curry St. Carson City, NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.	
21b. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)	
21c. HOUR OF DEATH		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	
21d. Steven L. Elliott M.D.		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Steven L. Elliott M.D., 1200 N. Mountain St. Carson City, NV 89703		23b. 10151	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>Vera R. Hochman</i>		24b. September 27, 2005	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART 1 (a) LUNG CANCER		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, DIABETES		26. No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b.		28c. M	
DESCRIBE HOW INJURY OCCURRED		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

Information corrected, State Affidavit #44625, 10/7/05.  
Item #13.

STATE REGISTRAR

No. 291184

7909

085986

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:

OCT 07 2005

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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PG- 9339  
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08/24/2006  
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