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A.P.N. # 1320-32-612-009
ESCROW NO. _____
RECORDING REQUESTED BY:
Kenneth W. Hellwinkel

DOC # 0696207
03/02/2007 10:19 AM Deputy: DW
OFFICIAL RECORD
Requested By:
KENNETH HELLWINKEL

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 2 Fee: 15.00
BK-0307 PG- 558 RPTT: 0.00



WHEN RECORDED MAIL TO:
Kenneth W. Hellwinkel
✓ P.O. Box 548
Gardnerville, NV 89410

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
} ss.
COUNTY OF Douglas }

Kenneth W. Hellwinkel, of legal age, being first duly sworn, deposes
and says: That Victoria Hellwinkel, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as Victoria U. Hellwinkel
named as one of the parties in that certain Quitclaim Deed dated Feb. 18, 1986
executed by Alvinia H. Hellwinkel
to Kenneth W. Hellwinkel and Victoria U. Hellwinkel, husband and wife
as joint tenants, recorded as Instrument No. 131659, on March 5, 1986
in Book 386, Page 316, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:

Lot 2, Block B, as shown on the map of West Addition to the Town
of Gardnerville, filed in the office of the County Recorder of
Douglas County, Nevada, on March 14, 1958, in Book 1 of Maps as
file No. 13016

DATE: March 1, 2007

Kenneth W. Hellwinkel
Kenneth W. Hellwinkel

STATE OF Nevada }
} ss.
COUNTY OF Douglas }

This instrument was acknowledged before me on 3-2-07
by Kenneth W. Hellwinkel

JANICE K. CONDON
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires September 11, 2008
No: 93-1151-5

Signature Janice K. Condon
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2007000278

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME FIRST Victoria			1b. MIDDLE HELLWINKEL		1c. LAST HELLWINKEL		2. DATE OF DEATH (Mo/Day/Year) January 22, 2007		3a. COUNTY OF DEATH Carson City		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Tahoe Regional Medical Center			3e. If Hosp. or Inst. Indicate DCA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Female			
5. RACE (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? (if yes, specify Mexican, Cuban, Puerto Rican, etc.) Non-hispanic		7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 28, 1930	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Kenneth HELLWINKEL			
13. SOCIAL SECURITY NUMBER [REDACTED] 2916			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeper			14b. KIND OF BUSINESS OR INDUSTRY Construction					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 450 Foothill Road			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Victor URIONAGUENA						17. MOTHER - NAME (First-Middle Last Suffix) Clara					
18a. INFORMANT - NAME (Type or Print) Kenneth HELLWINKEL				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 548 Gardnerville, Nevada 89410							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Fredricksburg Cemetery			19c. LOCATION City or Town State Fredricksburg California 96120					
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423					
TRADE CALL - NAME AND ADDRESS											
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOE CHAVEZ M.D. SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)					
21b. DATE SIGNED (Mo/Day/Yr) January 25, 2007			21c. HOUR OF DEATH 16:45			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 AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Joe Chavez M.D. 75 Pringle Way #401 Reno, NV 89502									23b. LICENSE NUMBER 8385		
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 25, 2007			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) Cardiac Shock						Interval between onset and death 24 Hours					
DUE TO, OR AS A CONSEQUENCE OF:											
(b) Cardiomyopathy, Dilated						Interval between onset and death Two Years					
DUE TO, OR AS A CONSEQUENCE OF:											
(c) Aortic Stenosis, Severe						Interval between onset and death Years					
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) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes								
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

50292 96292

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BK- 0307
PG- 559

QSRB1004-Rev-E26

155629

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: 01/26/2007

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


SIGNATURE AUTHENTICATED
STATE REGISTRAR

