

16-

Mail Tax Statements and
When Recorded Mail To:

RALPH K PATZLAFF
975 Shadow Lane
Carson City, NV 89705

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0708 PG- 5787 RPTT: 0.00



A.P.N. ~~21-304-02~~
1420-07-710-005

I, the undersigned hereby affirm
that this document submitted for
recording DOES contain the
social security number of a
person or persons pursuant to
NRS 40.525 Sec. 5.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF Douglas/Carson)

RALPH K. PATZLAFF, spouse of the deceased, does hereby
swear under penalty of perjury that the assertions of this
affidavit are true and deposes and says that Affiant is over
the age of 18 years and competent to be a witness as to the
matters hereinafter stated.

1. I am the surviving joint tenant of CAROLEE K.
PATZLAFF, the deceased joint tenant in the property
described herein.

2. The joint tenancy was created by a Grant, Bargain
and Sale Deed, recorded on July 20, 1989, as Document No.
206972 of the records of the office of the County Recorder

of Douglas County, State of Nevada.

3. The description of the real property is as follows:

Lot 2, in Block D, as shown on the Official Map of SUNRIDGE HEIGHTS UNIT NO. 1, PHASE A, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 15, 1982, in Book 1282, Page 999, as document No. 74054.

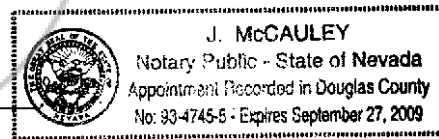
4. The deceased joint tenant's name is CAROLEE K. PATZLAFF, who died on January 14, 2006, at Carson City, Nevada. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 9th day of July, 2008.

Ralph K. Patzlauff
RALPH K. PATZLAFF

SUBSCRIBED and SWORN TO before me this 9th day of July, 2008.

J. McCauley
Douglas, Nevada
NOTARY PUBLIC in and for said County and State.



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

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

POSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Carolee Karen PATZLAFF		2. January 14, 2006	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Carson City		3c. Carson Convalescent Center	3e. Inpatient
4. Female		SEX	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 79	8. March 8, 1926
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Wisconsin	9b. U.S.A.	10. 14	11. Married
SURVIVING SPOUSE (If wife, give maiden name)		12. Ralph Patzloff	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 1393		14a. Teachers Aid	14b. Education
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Indian Hills	15d. 975 Shadow Lane
INSIDE CITY LIMITS (Specify Yes or No)		15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Alfred Johnson		17. Myrtle Terryll	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Ralph Patzloff		18b. 975 Shadow Lane Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Carson Sierra Crematory	19c. Carson City Nevada
FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. Jimmy Dermody		20b. 09	20c. Society 1614 N. Curry St. Carson City, NV 8970
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.	
(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 1/17/06		22b. 1/17/06	
HOUR OF DEATH		HOUR OF DEATH	
21c. 12:50		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Laurence Gay M.D. P.O. Box 19936 Reno, Nevada 89511		23b. 5152	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) Tom Giller		24b. January 19, 2006	24c. 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 arrest	Interval between onset and death	seconds
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	days
	(b) Dehydration	Interval between onset and death	weeks
	DUE TO, OR AS A CONSEQUENCE OF:		
	(c) Anorexia		
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	Severe Alzheimer's COPD, HTN, CHF	26. No	27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c.	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

BK- 0708 PG- 5789 07/28/2008 Page: 3 of 3 0727555

STATE REGISTRAR

No. 327824

099361

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: JAN 19 2006

STATE REGISTRAR (Signature)

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

