

Mail Tax Statements and
When Recorded Mail To:

Douglas County - NV
Werner Christen - Recorder
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BK-0708 PG- 6350 RPTT: 0.00



✓ ELEANOR L. STIDHAM
2848 Vicky Lane
Minden, NV 89423

A.P.N. 1420-28-410-017

I, the undersigned, hereby affirm
that this document submitted
for recording does contain the
social security number of a
person pursuant to NRS 440.380 1. (a)

AFFIDAVIT OF DEATH OF GRANTOR

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

ELEANOR L. STIDHAM, 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 spouse of the decedent, VIRGIL O.
STIDHAM.
2. I am the beneficiary of that certain Quitclaim
Deed, recorded as Document No. 0675412, on May 22, 2006,
pursuant to Chapter 111 of the Nevada Revised Statutes.
3. The description of the real property is as
follows:

Lot 1, as shown on the official map of COCHRAN ESTATES UNIT NO. 1, filed in the office of the Douglas County Recorder, State of Nevada, on December 23, 1970, as File No. 50690.

TOGETHER with all tenements, hereditaments and appurtenance, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

4. The decedent Grantor, VIRGIL O. STIDHAM, died on May 13, 2008, at Minden, Douglas County, Nevada. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 28 day of July, 2008.

Eleanor L. Stidham
ELEANOR L. STIDHAM

SUBSCRIBED and SWORN TO before me
this 28 day of July, 2008.

Krista C. Miller
NOTARY PUBLIC in and for said
County and State.



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2008007573

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Virgil STIDHAM		2. DATE OF DEATH (Mo/Day/Year) May 13, 2008		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) Evergreen Mountain View Health & Rehab Ctr		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 07, 1922		9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Eleanor BATTISTONI	
13. SOCIAL SECURITY NUMBER 6235		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Maintenance		14b. KIND OF BUSINESS OR INDUSTRY Heating And Air Conditioning	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2848 Vicky Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Patrick STIDHAM	
17. MOTHER - NAME (First Middle Last Suffix) Earless FORRISTALL		18a. INFORMANT- NAME (Type or Print) Eleanor STIDHAM		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2848 Vicky Lane Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
20d. SIGNATURE AUTHENTICATED		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) JOHN ZIPPERER MD		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) May 15, 2008		21c. HOUR OF DEATH 10:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) John Zipperer MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11421	
24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		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))		Interval between onset and death			
PART I (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Gangrenous Lower Extremity DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Peripheral Vascular Disease DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Dementia Alzheimers Type		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOMICIDE, OR 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. CITY OR TOWN STATE	

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

STATE REGISTRAR



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BK- 0708
PG- 6352

VRS-Rev-2008T

212479 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: **05/16/2008**

Rud White
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 1/06

