

19

OFFICIAL RECORD

Requested By:
NANCY REY JACKSON

APN # 1220-15-410-084

Recording requested by and mail documents
and tax statements to:

John Compston
✓ P.O. Box 381
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-1208 PG- 0266 RPTT: # 5



DEATH OF GRANTOR AFFIDAVIT

JOHN COMPSTON, being duly sworn, deposes and says that DORIS MARTIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DORIS MARTIN, named as grantor or as one of the grantors in the deed recorded on July 31, 2006, in book 0706, at page 10269, records of Douglas County, Nevada, covering the following described real property:

LOT 32, BLOCK L, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 10, 1967, AS DOCUMENT NO. 359014.

ASSESSOR'S PARCEL NO. 1220-15-410-084

JOHN COMPSTON is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor DORIS MARTIN or is the authorized representative of the grantee or at least one of the grantees.

Dated this 26th day of November 2008.

JOHN COMPSTON

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

On this 26th day of November 2008, personally appeared before me, a Notary Public, John Compston, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

NOTARY PUBLIC



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2008012950

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Doris Lorene MARTIN		2. DATE OF DEATH (Mo/Day/Year) August 16, 2008		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e.If Hosp or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) April 21, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████4874		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1434 Annkim Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Ernest HALL	
	17. MOTHER - NAME (First Middle Last Suffix) Maude BEAN		18a. INFORMANT - NAME (Type or Print) John COMPSTON			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 381 Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens		19c. LOCATION City or Town State Carson City Nevada 89701			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK		20b. FUNERAL DIRECTOR LICENSE 814		20c. NAME AND ADDRESS OF FACILITY Freitas Rupracht Funeral Home PO BOX 1271 Yerington NV 89447	
	TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GEORGE SEIFFERT 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) August 20, 2008		21c. HOUR OF DEATH 22:25		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) GEORGE SEIFFERT MD - 1500 E. 2nd St. Reno, NV 89502				23b. LICENSE NUMBER 5079	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 28, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24c. SIGNATURE AUTHENTICATED					
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Hypotension		Interval between onset and death				
(b) Ruptured Aortic Aneurysm		Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
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



0733827 Page: 2 Of 2 12/01/2008

BK- 1208
PG- 267

VRS-Rev-2008f

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.

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED: **09/08/2008**

This copy 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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