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DOC # 0738917  
03/03/2009 02:18 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
HENRY W CAVALLERA

A.P.N. 1320-02-001-001

Recording Requested by:

Henry W. Cavallera, Esq.

410 California Avenue

Reno, Nevada 89509

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 OF 4 Fee: 17.00  
BK-0309 PG- 555 RPTT: 0.00



**AFFIDAVIT OF DEATH OF JOINT TENANT**

(Title of Document)

I, the undersigned, hereby affirm that this document submitted for recording does contain the social security number of any person or persons as required by NRS 440.380.1(a)

Amy L. Rosentlund  
Signature

Amy L. Rosentlund  
Printed Name

An Employee of HENRY W. CAVALLERA

This page added to provide additional information required by NRS 111.312 Section 1-2

**Mail Tax Statements and  
When Recorded Mail To:**

JOHN W. HILL  
1617 Johnson Lane  
Minden, NV 89423

A.P.N. 1320-02-001-001

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
                              ) ss.  
COUNTY OF DOUGLAS    )

JOHN WILLIAM HILL, husband 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 MARJORIE S. HILL, the deceased joint tenant in the property described herein.
2. The joint tenancy was created by a Deed, recorded on March 8, 1972, as Document No. 58086 of the records of the office of the County Recorder of Douglas County, State of Nevada.

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/ / /

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

The East Half of the Northwest Quarter of the Northwest Quarter of the Northwest Quarter of Section 2, Township 13 North, Range 20 East, M.D.B. & M.

Granting and reserving therefrom for the benefit of each party hereto and their heirs and assigns a non-exclusive easement for road purposes over the East thirty-three feet.

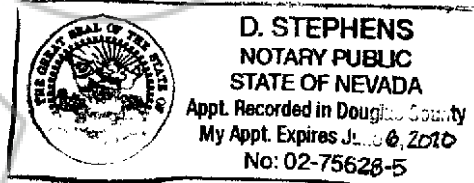
4. The deceased joint tenant's name is MARJORIE S. HILL, who died on August 22, 2008, at Gardnerville, Nevada. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 12 day of January, 2009.

  
JOHN WILLIAM HILL

SUBSCRIBED and SWORN TO before me this 12 day of JAN, 2009.

  
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**

**2008013136**  
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,MIDDLE,LAST,SUFFIX) <b>Marjorie Mary HILL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 22, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Evergreen Gardnerville Health &amp; Rehab Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify)	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>86</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>7945</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1617 Johnson Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 11, 1922</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (if wife, give maiden name) <b>John W HILL</b>		
16. FATHER - NAME (First Middle Last Suffix) <b>Frank SAATZER</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Catherine P RENNIE</b>		
18a. INFORMANT- NAME (Type or Print) <b>John W HILL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1617 Johnson Lane Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b>		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>-Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED LAURENCE GEORGE GAY M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>August 27, 2008</b>		21c. HOUR OF DEATH <b>05:45</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Laurence George Gay M.D. PO Box 19936 Reno, NV. 895110871</b>		23b. LICENSE NUMBER <b>5152</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 02, 2008</b>		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))		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
PART I (a) <b>Cardiac Arrest</b>		Interval between onset and death <b>Seconds</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(b) <b>Dehydration</b>		Interval between onset and death <b>Days</b>		28b. DATE OF INJURY (Mo/Day/Yr)	
(c) <b>Anorexia</b>		Interval between onset and death <b>Weeks</b>		28c. HOUR OF INJURY	
(d) <b>Severe Alzheimers Disease</b>		Interval between onset and death <b>Months</b>		28d. DESCRIBE HOW INJURY OCCURRED	
PART II <b>Recurrent Falls, Left Wrist Fracture</b>				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

58193

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BK- 0309  
PG- 558

VRS-Rev-2008T

231462 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.

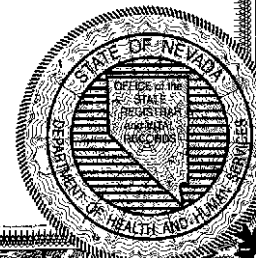
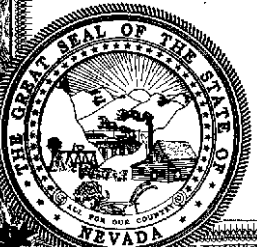
DATE ISSUED:

09/03/2008

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.

PBNC (REV) 1106



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE