

APN: 1220-16-710-002

The undersigned hereby affirms  
that there is no  
Social Security number  
contained in this document.

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0609 PG- 0081 RPTT: 0.00



When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

I, CARMEL L. PADDOCK, hereby swear (or affirm) under  
penalty of perjury, that the following assertions are true  
of my own personal knowledge:

1. I am over the age of twenty-one (21) years and  
competent to be a witness as to the matters hereinafter  
stated.

2. RAMON DON PADDOCK, the decedent mentioned in the  
attached certified copy of Certificate of Death, is the  
same person as RAMON D. PADDOCK named as one of the parties  
in that certain **Grant Deed** dated **May 3, 1972**, executed by  
EDWARD A. HARRIS and LILLIAN Z. HARRIS to RAMON D. PADDOCK  
AND CARMEL L. PADDOCK, his wife, as joint tenants, recorded  
as Document No. 59215, in Book 100, Page 118, of Official  
Records of Douglas County, Nevada, covering the following

described parcel of real property situated in the County of Douglas, State of Nevada:

Lot 2, Block A, 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.

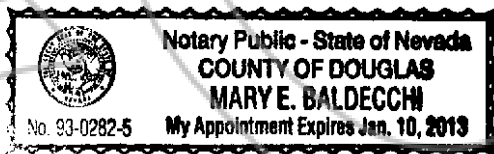
Per NRS 111.312, this legal description was previously recorded at Document No. 59215, Book 100, Page 118, on May 9, 1972.

*Carmel L. Paddock*

CARMEL L. PADDOCK

SIGNED AND SWORN TO (or affirmed)  
before me on May 27, 2009,  
by CARMEL L. PADDOCK.

*Mary E. Baldecchi*  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2009003442  
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>Ramon Don PADDOCK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 07, 2009</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 28, 1931</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>South Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Carmel NELSON</b>	
13. SOCIAL SECURITY NUMBER <b>3501</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Slot Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gaming</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>895 Tillman</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Harold PADDOCK</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Lois WALLACE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Carmel PADDOCK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>895 Tillman, Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's, Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>STEVEN MICHAEL BROWN MD</b> 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) <b>March 11, 2009</b>		21c. HOUR OF DEATH <b>13:20</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>STEVEN MICHAEL BROWN MD, 1667 Lucern Minden, NV, 89423</b>				23b. LICENSE NUMBER <b>7273</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 13, 2009</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).) PART I (a) <b>Carcinoma of the Lung</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR



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BK- 0609  
PG- 83

VRS-Rev-2008T

262719 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: 03/17/2009

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

PHCO (Rev) 11/06

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

