

DOC # 0747197
07/15/2009 02:07 PM Deputy: KE
OFFICIAL RECORD
Requested By:
WILLIAM SUTTON

25-785-01
Assessor's Parcel Number: 1320-33-810-053
TAX #

Recording Requested By:

Name: William R Sutton
Address: 1433 Marion Russell Dr.
City/State/Zip: Gardnerville, NV 89410

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0709 PG- 3510 RPTT: 0.00



Mail Tax Statements to:

Name: William R. Sutton
Address: 1433 Marion Russell Dr.
City/State/Zip: Gardnerville, NV 89410

Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: _____ (state specific law)

Signature (Print name under signature)

Title

AFFIDAVIT OF DEATH

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: DEED (Document Title), Book: 995 Page: 1407
Document # 370215 recorded 1/8/97 (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Nevada)
COUNTY OF Douglas)

SS

BEFORE ME, the undersigned Notary Public, personally appeared, William R. Sutton, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is William R. Sutton and I reside at 1433 Marion Russell Dr. Gardnerville, NV 89410
2. I owned real property as a joint tenant with Marjorie A. Sutton, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.
Title deed is recorded in Book 995, Page 1407 in the office of the register of deeds in the county and state aforesaid.

3. Marjorie A. Sutton, my joint tenant identified above, departed this life on the 30th day of June, 2009. A copy of the death certificate of Marjorie A. Sutton is attached.
4. On the date of the death of Marjorie A. Sutton, the above described real estate was owned by William R. Sutton and Marjorie A. Sutton, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

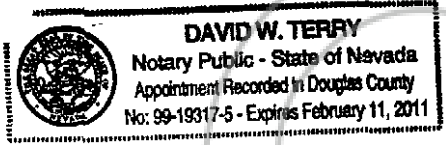
Dated this the 15 day of July, 2009.

William R. Sutton
Affiant

Attached Legal Description :

Lot 104, Block G as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215

SWORN TO AND SUBSCRIBED before me this 15th day of July, 2009.



David W. Terry
NOTARY PUBLIC

My Commission Expires: 2-11-11

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009009806
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) Marjorie Ann SUTTON		2. DATE OF DEATH (Mo/Day/Year) June 30, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1433 N. Marjion Russell Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 07, 1932		9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) William R SUTTON	
13. SOCIAL SECURITY NUMBER 3572		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1433 N. Marjion Russell Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Paul D. HOOSER			17. MOTHER - NAME (First Middle Last Suffix) Maude S MONTGOMERY		
18a. INFORMANT - NAME (Type or Print) William R SUTTON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1433 N. Marjion Russell Drive Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) EVAN WAYNE EASLEY M.D.			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) July 06, 2009		21c. HOUR OF DEATH 11:35		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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410				23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) JENELLE BALDWIN		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 10, 2009		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				Interval between onset and death	
(a) Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Lung Cancer					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

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VRS-Rev-20090802

282038 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:

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

PHNCO (Rev) 11/05

Rand White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

