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DOC # 0751369
09/29/2009 09:19 AM Deputy: SG

OFFICIAL RECORD

Requested By:

CAROL LEE POOL

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00

BK-0909 PG-5897 RPTT: 0.00



Assessor's Parcel Number: 1220-21-510-221

Recording Requested By: Carol Lee Pool

Name: Carol Lee Pool

✓ Address: PO Box 643

City/State/Zip Rupert, Idaho 83350

Real Property Transfer Tax: \$ _____

Affidavit of Death of J.T

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

AFFIDAVIT-DEATH OF A JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

I, LINDA K. DECARLO, of legal age, being duly sworn, deposes and says that
KATHRYN MARY HARRISON, the decedent mentioned in the attached certified copy of the
Certificate of Death, is the same person as KATHRYN M. HARRISON named as one of the
parties in that certain QUITCLAIM DEED dated April 28, 2000, executed by KATHRYN M.
HARRISON as Grantor to KATHRYN M. HARRISON, LINDA K. DECARLO and CAROL
LEE POOL as joint tenants with right of survivorship recorded as instrument number 0491220
on May 03, 2000 in Book 0500 Page 0758 in the Official Records of Douglas County, Nevada,
covering the following described property:

Lot 219 as shown on the map of Gardnerville Ranchos Unit No. 6 filed for record in the office
of the County Recorder of Douglas County, Nevada on May 29, 1973, in Book 573
at Page 1026, as File No. 66512.

APN: 1220-21-510-221

DATED this 25 of Sept 2009.

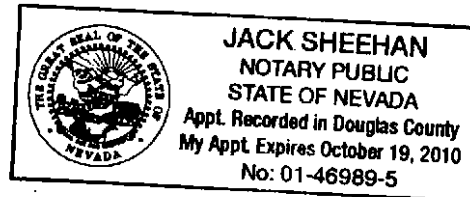
Linda K. Decarlo
LINDA K. DECARLO

SUBSCRIBED and SWORN to before me
this 25 day of September 2009

Jack Sheehan
NOTARY PUBLIC

WHEN RECORDED MAIL TO:

Linda K. Decarlo
P.O. Box 510
Troy, MT 59935



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
 Reno, Nevada

CERTIFICATE OF DEATH

2009012846

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) Kathryn Mary HARRISON		2. DATE OF DEATH (Mo/Day/Year) August 29, 2009		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) Life Care Center of Reno		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Nursing Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 27, 1919		9a. STATE OF BIRTH (if not U.S.A., name country) Texas		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)	
13. SOCIAL SECURITY NUMBER ████████-2164		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Real Estate Agent		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 445 West Holcomb Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Frederick Joseph COUSINEAU			17. MOTHER - NAME (First Middle Last Suffix) Grace Anna MURRAY		
18a. INFORMANT - NAME (Type or Print) Linda Kay DE'CARLO			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P/O Box 510 Troy, Montana 59935		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 6770		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502	
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) GRANT PETER ANDERSON M.D. 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) September 03, 2009		21c. HOUR OF DEATH 1:19:03		22b. DATE SIGNED (Mo/Day/Yr) 9/3/09	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) GRANT PETER ANDERSON M.D.		22d. PRONOUNCED DEAD (Mo/Day/Yr) 9/3/09		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Grant Peter Anderson M.D. 10467 Double R Blvd Reno, NV 89521				23b. LICENSE NUMBER 3156	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 08, 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					
(a) Respiratory failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Atherosclerotic vascular disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION - STREET OR R.F.D. No - CITY OR TOWN - STATE	
				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

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: 09/11/2009

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



VRS-Rev 20080502