

15

OFFICIAL RECORD
Requested By:

LAW OFFICE OF KAREN L
WINTERS

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-1009 PG-1845 RPTT: 0.00



APN: 1022-09-002-061

After Recording Mail to:
Geraldine Whitney
3765 Topaz Ranch Rd.
Wellington, NV 89444

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) : ss.
COUNTY OF DOUGLAS)

GERALDINE WHITNEY, being duly sworn, declares:

That NATHAN DUBOIS WHITNEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NATHAN D. WHITNEY, named as one of the parties in the Joint Tenancy Deed executed by Dennis G. Stone and Linda J. Stone, husband and wife to Nathan D. Whitney and Geraldine Whitney, husband and wife, as joint tenants with right of survivorship, and recorded as Instrument No.373165 on October 19, 1995, in Book 1095, Page 3346 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 24, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 3, filed in the Office of the County Recorder of Douglas County, State of Nevada, on March 31, 1969, as Document No. 44091.

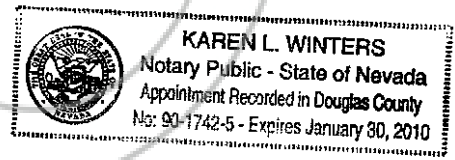
Per NRS 111.312, this legal description was previously recorded at Book 1095, Page 3346 on October 19, 1995, as Instrument No.373165.

Dated: October 7, 2009

Geraldine Whitney
GERALDINE WHITNEY

Subscribed and sworn to before me this 7th day of October, 2009.

[Seal]



Karen L. Winters
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009012077
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) Nathan DuBois WHITNEY			2. DATE OF DEATH (Mo/Day/Year) August 18, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 3765 Topaz Ranch Drive		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 93	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) October 08, 1915
9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 10	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Geraldine GRANDY
13. SOCIAL SECURITY NUMBER 6013		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Heat Treater		14b. KIND OF BUSINESS OR INDUSTRY Steel		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 3765 Topaz Ranch Drive	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER - NAME (First Middle Last Suffix) Nathan DuBois WHITNEY			17. MOTHER - NAME (First Middle Last Suffix) Cora VREDENBERG			
18a. INFORMANT- NAME (Type or Print) Geraldine WHITNEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3765 Topaz Ranch Drive Wellington, Nevada 89444				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE 304R	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
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) STEPHEN J HEWITT DO			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 19, 2009		21c. HOUR OF DEATH 15:57	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150					23b. LICENSE NUMBER 1107	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 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) Cardiopulmonary Arrest					Minutes	
(b) Metastatic Prostate Cancer					Interval between onset and death	
(c) Due to, or as a consequence of:					Years	
(d) Due to, or as a consequence of:					Interval between onset and death	
PART II					Interval between onset and death	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
28a. 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



BK- 1009
PG- 1846
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VRS-Rev-20090802

289214 CERTIFIED COPY OF VITAL RECORDS

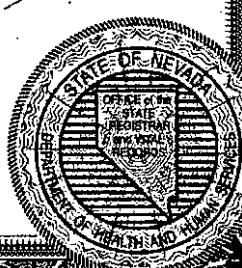
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 08/24/2009

R. D. Whitney
SIGNATURE AUTHENTICATED

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

PBNC0 (REV) 11/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE