

DOC # 0755364
12/11/2009 11:15 AM Deputy: PK
OFFICIAL RECORD
Requested By:
RONALD F CAULEY

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1209 PG- 2728 RPTT: 0.00



AFFIDAVIT OF DEATH OF A JOINT TENANT

RECORDING REQUESTED BY:

Name: ALLAN YORK, Executor of the
Estate of SHARON ANN YORK

WHEN RECORDED MAIL TO:

Name: ALLAN YORK
1977 Sorrell Lane
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF A JOINT TENANT

State of Nevada)
 : ss.
County of Douglas)

I, ALLAN E. YORK, of legal age, being duly sworn, deposes and says that SHARON A. YORK, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as SHARON A. YORK named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 22, 2009, executed by CHRISTY L. CANATSEY-MALARCHUK to ALLAN E. YORK and SHARON A. YORK, husband and wife as joint tenants with right of survivorship recorded as Document No. 0676033, on May 26, 2006 in Book 0506 of Official Records, at Page 10879, Douglas Country, Nevada, covering the following described property:

Parcel 8C as set forth on that certain Parcel Map #2, for E. W. and Lorraine Higgins, filed for record on October 16, 1990, in Book 1090 of Official Records, at Page 2478, Douglas County, Nevada, as Document No. 236782

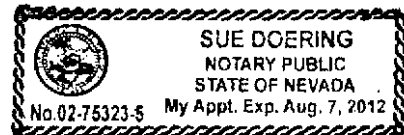
A.P.N. 1220-24-601-035

DATED this 19 day of Nov, 2009

Allan E York
ALLAN E. YORK

SUBSCRIBED and SWORN to before me
this 19 day of November, 2009.

Sue Doering
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009014575

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) Sharon Ann YORK		2. DATE OF DEATH (Mo/Day/Year) October 03, 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) 1977 Sorrel Lane		3d. If Hosp. or Inst. Indicate DCA, OP, Emerg. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White		6. DATE OF BIRTH (Mo/Day/Yr) December 05, 1947	
7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7c. UNDER 1 DAY	
8. HISPANIC ORIGIN? Specify No - Non-Hispanic		9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Allan YORK	
13. SOCIAL SECURITY NUMBER 0445		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Radio Supply Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1977 Sorrel Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) George Edward RODGERS	
17. MOTHER - NAME (First Middle Last Suffix) Gertrude Josephine DURBIN		18a. INFORMANT- NAME (Type or Print) Allan YORK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1977 Sorrel Lane Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED STEPHEN J HEWITT DO					
21b. DATE SIGNED (Mo/Day/Yr) October 05, 2009		21c. HOUR OF DEATH 22:40		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	
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) October 09, 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) Metastatic Lung Cancer		Interval between onset and death Years	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b) 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) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOMICIDE, 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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BK- 1209
PG- 2730

VRS-Rev-20090902

295694 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: 10/09/2009

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

