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This document includes a certified copy of the death certificate as required by NRS 40.525(5) which contains a social security number required by NRS 440.380(1)(a).

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0110 PG- 1378 RPTT: 0.00



Richard E. Waiton

WHEN RECORDED MAIL TO:

Richard E. Waiton
2155 Able Lane
Carson City, NV. 89706

Affidavit – Death of Joint Tenant

APN# 1420-06-301-028

I, Richard Waiton, of legal age, being first duly sworn, depose and say: That Faye M. Waiton the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Faye Waiton named as one of the parties in that certain Trustee's Deed dated 6/4/2007, executed by Phil Frink & Associates, Inc. to Richard Waiton and Faye Waiton as Joint Tenants, recorded as Instrument No. 702458 on 6/7/2007, in the Official Records of Douglas County, Nevada, described as follows: Parcel 1 of Parcel Map No. LDA 05-015, for SAL Enterprises, LLC, recorded on October 6, 2005, in Book 1005, at Page 2552, as Document No. 657109, Official Records of Douglas County, State of Nevada. Commonly known as 3665 Silverado Drive, Carson City, NV. 89705

TOGETHER with all and singular the tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated this 7th day of January, 2010

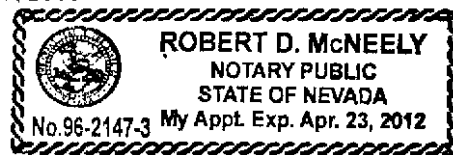
Richard E. Waiton
Richard Waiton

STATE OF Nevada
COUNTY OF Carson City

On this day personally appeared, before me Robert D. McNeely, known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal on this date January 7, 2010

Robert D. McNeely
My Commission Expires: April 23, 2012



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2009016980

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) Faye M WATON		2. DATE OF DEATH (Mo/Day/Year) November 17, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 2155 Able Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 02, 1918		9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Richard E WAITON	
13. SOCIAL SECURITY-NUMBER 3293		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Irs Agent		14b. KIND OF BUSINESS OR INDUSTRY Federal Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 2155 Able Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Edwin MARSHALL			17. MOTHER - NAME (First Middle Last Suffix) Bordella BARKER		
18a. INFORMANT- NAME (Type or Print) Richard WAITON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2155 Able Lane Carson City, Nevada 89706			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
20a. SIGNATURE AUTHENTICATED					
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) SIGNATURE AUTHENTICATED CHARLES BRIAN SONDEREGGER 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) November 18, 2009		21c. HOUR OF DEATH 20:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Charles Brian Sonderegger M.D. 961 Mica Drive., Suite A Carson City, NV. 89705			
23b. LICENSE NUMBER 3390		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 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) Alzheimers Dementia				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Malnutrition				Weeks	
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) Yes					
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-2009002

302928 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: 11/24/2009

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

PHCOO (Rev) 11/06

Richard Waiton
STATE REGISTRAR
SIGNATURE AUTHENTICATED

