

Recording Requested By

DOC # 0757623
01/22/2010 03:12 PM Deputy: SD

WHEN RECORDED MAIL TO

OFFICIAL RECORD

Requested By:
JANET DELEON

Janet DeLeon
1363 Rancho Rd
Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0110 PG-4407 RPTT: 0.00

APN 1220-28-510-055



AFFIDAVIT - DEATH OF JOINT TENANT

A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

Janet DeLeon of legal age, being duly sworn, deposes and says:

That Armando DeLeon, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Armando DeLeon, named as one of the parties in that certain deed dated December 9, 2004, executed by Dixie W. Graham, Trustee of the Dixie Family Trust U/D/T dated March 31, 2004, to Armando DeLeon and Janet DeLeon, husband and wife, as joint tenants, recorded on January 6, 2005 as instrument no. 633874 book 105 page 2071 of the official records of Douglas County, State of Nevada described as follows:

LOT 1091 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 276, 1974, AS DOCUMENT NO. 72456.

Assessor Parcel No. 1220-28-510-055

Dated: January 22, 2010

Janet DeLeon

Janet DeLeon

SUBSCRIBED AND SWORN to before me this 22 day of Jan, 2010

Signature _____



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2009016038

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) Armando DE LEON		2. DATE OF DEATH (Mo/Dgy/Year) October 22, 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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE Mexican (Specify)		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 02, 1930		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) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Janet F KUMLIEN	
13. SOCIAL SECURITY NUMBER 5494		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Counselor		14b. KIND OF BUSINESS OR INDUSTRY Drug And Alcohol Rehabilitation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1363 Rancho RD		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix)	
17. MOTHER - NAME (First Middle Last Suffix) Romalda ONTIVEROS		18a. INFORMANT - NAME (Type or Print) Janet F DE LEON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1363 Rancho Rd Gardnerville, Nevada 89460	
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) RIK 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	
21a. To the best of my knowledge; death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA		21b. DATE SIGNED (Mo/Day/Yr) October 27, 2009		21c. HOUR OF DEATH 15:42	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		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. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 28, 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) Acute Myocardial Infarction		Interval between onset and death	
(b) Coronary Artery Disease		Interval between onset and death		(c) Hyperlipidemia	
(d)		Interval between onset and death		Interval between onset and death	
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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BK- 0110
PG- 4408

VRS-Rev-20090802

299975 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:

11/06/2009

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

PRNCO (Rev) 11/06

STATE REGISTRAR
R. Whelan
SIGNATURE AUTHENTICATED

