

16
DOC # 0761980
04/13/2010 10:59 AM Deputy: SG
OFFICIAL RECORD
Requested By:
BARBARA GILBRAITH

APN: 1420-18-211-004

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0410 PG-2311 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT OF DEATH OF JOINT TENANT

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

WHEN RECORDED MAIL TO:

Barbara Galbraith
825 Plymouth Drive
Carson City, NV 89705

A.P.N. 1420-18-211-004

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Barbara Ann Galbraith
825 Plymouth Drive
Carson City, NV 89705

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Barbara Ann Galbraith, of legal age, being duly sworn, deposes and says

That Leon Childress, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Leon Childress named as one of the parties in that certain Grant, Bargain, Sale Deed dated January 26, 2009, executed by Leon Childress, a single man to Leon Childress and Barbara Ann Galbraith as joint tenants, recorded as Instrument No. 0736526, on January 28, 2009, in Book 0109, Page 5596, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 9, Block D, as set forth on the Final Map No. 1011-2A entitled VALLEY VISTA ESTATES 2, PHASE 2A, filed for record in the office of the Douglas County Recorder on December 6, 1995, Book 1295, Page 786, Document No. 376388, Official Records.

Dated: April 13, 2010

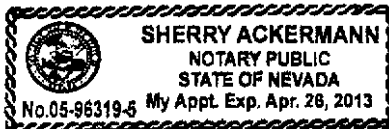
Barbara Ann Galbraith
Barbara Ann Galbraith

STATE OF NEVADA)
COUNTY OF Douglas)

SS.

On April 13, 2010 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Barbara Ann Galbraith known to me to be the person whose name subscribed to the within instrument and acknowledge that she executed the same.

Signature *[Signature]*
Notary Public



CERTIFICATION OF VITAL RECORD

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

2010003436

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) Leon CHILDRESS		2. DATE OF DEATH (Mo/Day/Year) March 06, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 861 Valley Vista 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) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY MOS DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 31, 1926		9a. STATE OF BIRTH (If not U.S.A. name country) Virginia		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER ████████-████-6797		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 861-Valley Vista Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) James CHILDRESS	
17. MOTHER - NAME (First Middle Last Suffix) Pearl HAGY		18a. INFORMANT - NAME (Type or Print) Leon V CHILDRESS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 70 Hobson Street San Jose, California 95110	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr 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) KAREN SUE MCDERMOTT 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) March 10, 2010		21c. HOUR OF DEATH 22:30		22b. DATE SIGNED (Mo/Day/Yr)	
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) Karen Sue McDermott, M.D. 1625 E Prater Way #108 Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 11, 2010		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).)				Interval between onset and death	
PART I					
(a) End Stage Pulmonary Fibrosis					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Lung Inflammation					
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					
Hypoxia				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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- 0410
PG- 2313

VRS-Rev-20090602

320408

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: 03/11/2010

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

PBNC0 (Rev) 11/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

