

16-

DOC # 0762200  
04/16/2010 02:05 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
MARY PROCTOR

A.P.N. 1320-30-820-014

RECORDING REQUESTED BY:

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0410 PG- 3215 RPTT: 0.00

AND WHEN RECORDED, MAIL TO:

Mary Proctor  
✓ 1050 Aspen Grove Circle  
Minden, NV 89423



THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF A JOINT TENANT**

**Mary M. Proctor**, of legal age, being duly sworn, deposes and says

That **Robert S. Proctor**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Robert S. Proctor** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **September 9, 2008**, executed by **Deutsche Bank National Trust Company**, as **Trustees on behalf of BCAP LLC Trust 2007-AA2** to **Robert S. Proctor and Mary M. Proctor**, husband and wife as joint tenants as joint tenants, recorded as Instrument No. **729934**, on **September 12, 2008**, in Book **908**, Page **2758**, of Official Records of **Douglas County, Nevada**, covering the following described property situated in the County of **Douglas**, State of Nevada.

Lot 12, as shown on the final subdivision map PD# 01-21 for cottages in Mountain Glen, filed for record in the office of the County recorder of Douglas County, State of Nevada, on August 9, 2002 in book 802, page 2902, as file no. 549206.



Dated: April 15, 2010

Mary M. Proctor  
Mary M. Proctor

Type or print names under signatures

*This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.*

STATE OF NEVADA )  
 )  
COUNTY OF Douglas )  
 )  
SS.

On April 16, 2010 before me, the undersigned, a Notary Public in and for said State and County, personally appeared

MARY M. PROCTOR

known to me to be the person whose name 15 subscribed to the within instrument and acknowledge that she executed the same.

Signature Mary Kelsh  
Notary



Public

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2010004581  
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) <b>Robert Swope PROCTOR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 30, 2010</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 15, 1922</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16+</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Mary THORNTON</b>	
13. SOCIAL SECURITY NUMBER <b>4236</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Vice President Of Manufacturing</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Chevron</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1050 Aspen Grove Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last, Suffix) <b>William E PROCTOR</b>	
17. MOTHER - NAME (First Middle Last, Suffix) <b>Elsie Merle SWOPE</b>		18a. INFORMANT- NAME (Type or Print) <b>Mary PROCTOR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1050 Aspen Grove Circle Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompia Ln Carson City NV 89701</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>JAN OWEN CARTER M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>March 31, 2010</b>		21c. HOUR OF DEATH <b>05:15</b>		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) <b>Jan Owen Carter M.D. P.O. Box 20007 Reno, NV 895150007</b>		23b. LICENSE NUMBER <b>6489</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 02, 2010</b>		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) <b>Pneumonia</b>				<b>3 Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Dementia</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Alzheimers</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

0762200 Page: 3 Of 3 04/16/2010

BK- 0410  
PG- 3217

VRS-Rev-20060602

323998 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:

04/02/2010

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

PHRCO (Rev. 11/06)

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

