

16-

OFFICIAL RECORD

Requested By:

MARK WINTER

Recorded at the request of:

Mark A. Winter  
801 N. Division  
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

✓ Wilma A. Mitchem  
1278 N. Santa Barbara Drive  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0610 PG-2938 RPTT: 0.00



**AFFIDAVIT OF DEATH OF JOINT TENANT**

APN: 1420-28-110-006

Wilma A. Mitchem being first duly sworn, deposes and says:

1. Cecil M. Mitchem, Jr., died on the 8th day of March, 2010, and a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said Cecil M. Mitchem, Jr. was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

See Exhibit "A" attached hereto and incorporated herein by said reference

3. That said joint tenancy was created by a Deed dated December 4, 2003, recorded on December 12, 2003, in Book 1203, Page 06123, as Document No. 0599483 in the Douglas County Recorder's Office.

4. That upon the death of Cecil M. Mitchem, Jr., the Affiant became the sole owner of the above-described property as her sole and separate property.

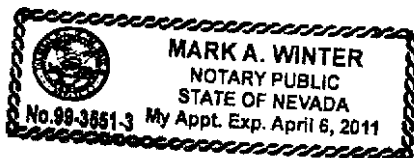
*Wilma A. Mitchem*

Wilma A. Mitchem

Subscribed and sworn to before me  
this 21st day of May, 2010.

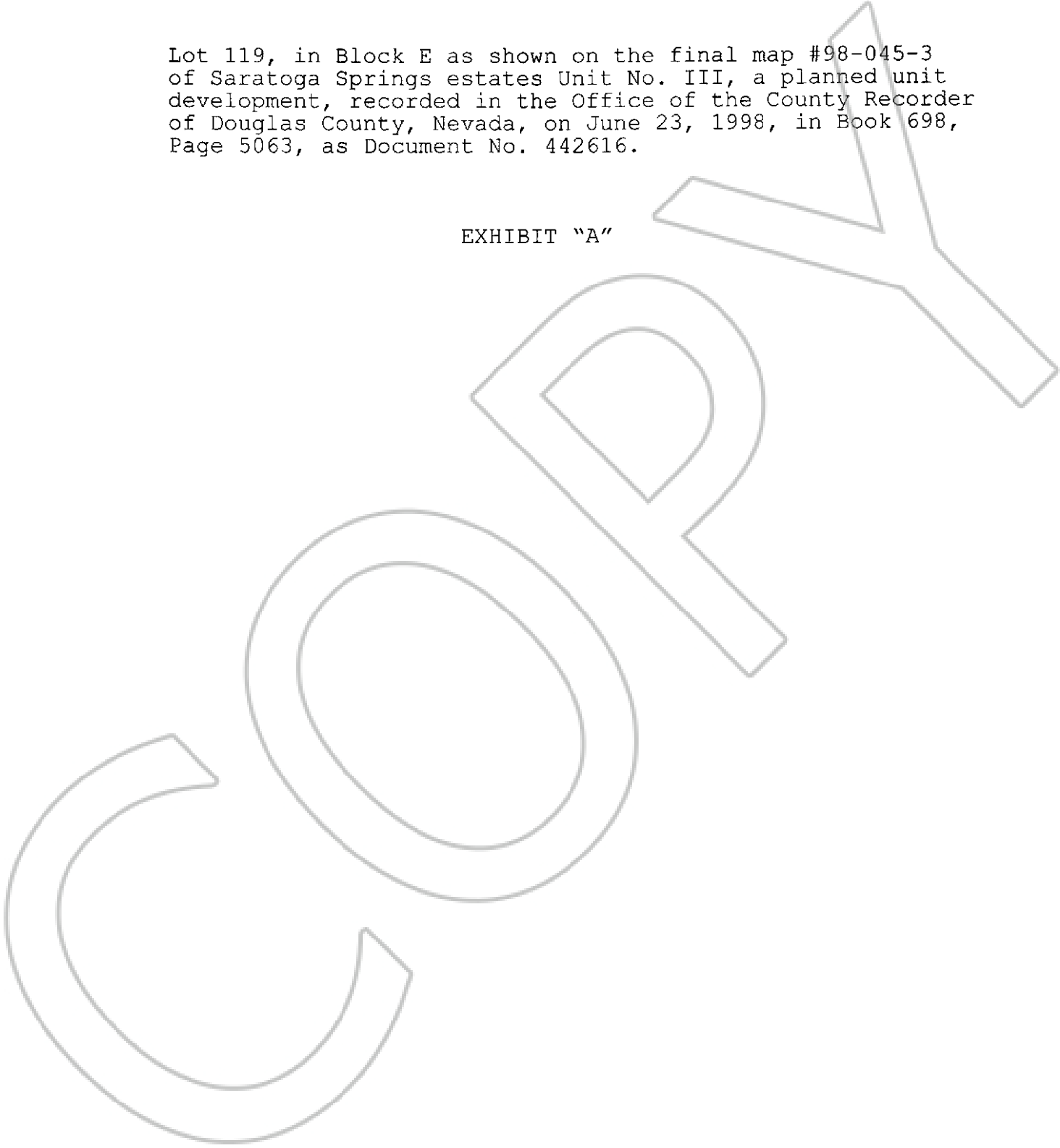
*M.A. Winter*

NOTARY PUBLIC



Lot 119, in Block E as shown on the final map #98-045-3 of Saratoga Springs estates Unit No. III, a planned unit development, recorded in the Office of the County Recorder of Douglas County, Nevada, on June 23, 1998, in Book 698, Page 5063, as Document No. 442616.

EXHIBIT "A"



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

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

**2010003544**

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>Cecil Malcolm MITCHEM JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 08, 2010</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Northern Nevada 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>89</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 26, 1940</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>North Carolina</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Wilma CANNON</b>	
13. SOCIAL SECURITY NUMBER <b>0978</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Electrical Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>I B M</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>1278 N. Santa Barbara Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Cecil Malcolm MITCHEM SR</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Hattie Blanche RAMSEY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Wilma MITCHEM</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1278 N. Santa Barbara Drive Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1814 N Curry Street Carson City NV 89703</b>	
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) <b>LINDELL BRADLEY MD</b> 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) <b>March 10, 2010</b>		21c. HOUR OF DEATH <b>05:36</b>		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) <b>LINDELL BRADLEY MD 2375 E Prater Way Sparks, NV 89434</b>				23b. LICENSE NUMBER <b>7703</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 16, 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					
(a) <b>Dementia</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Alzheimers Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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


  
 BK- 0610  
 PG- 2940  
 0765308 Page: 3 OF 3 06/16/2010

VRS-Rev-20080002

**320686** 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: 03/16/2010

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

PNCO (Rev) 1/06

  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

