

DOC # 771888
10/08/2010 03:18PM Deputy: SG
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-1010 PG-1752 RPTT: 0.00

APN: 1220-17-515-014
ORDER NO.: 1094559-WD



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death

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

NORTHERN NEVADA TITLE COMPANY

Signed By: _____

A handwritten signature in black ink, appearing to read "Wendy Dunbar", written over a horizontal line.

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Vicki Lynn Warren
1426 Willow Creek Ln.
Gardnerville, NV 89410



A.P.N.: 1220-17-515-014
Escrow No.: 1094559-WD

RECORDING REQUESTED BY
Northern Nevada Title Company
1483 US Highway 395 N # B
Gardnerville, NV 89410

AND WHEN RECORDED MAIL TO

Terrance Jennings and Sandra Jennings
1211 Keepsake Circle
Gardnerville, NV 89460

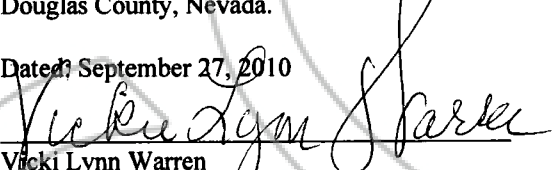
THIS SPACE FOR RECORDER'S USE ONLY

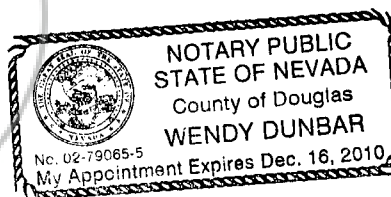
AFFIDAVIT - DEATH OF A JOINT TENANT

Vicki Lynn Warren, of legal age, being duly sworn, deposes and says:
That Walter William Warren, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Walter Warren named as one of the parties in that certain Grant, Bargain and Sale Deed executed by Gregory C. Lynn and Suzanne Towse, Trustees of the 1995 Gregory C. Lynn and Suzanne Towse Trust dated May 16, 1995 to Walter Warren and Vicki Lynn Warren, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 549537, on August 15, 2002, in Book 0802, Page 4356, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 184, in Block A, as shown on the final map of PLEASANTVIEW SUBDIVISION PHASE 9, Final Map #LDA 00-027, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 17, 2001, in Book 901, Page 3761, as Document No. 522892, and by Certificate of Amendment recorded February 12, 2002 in Book 0202, Page 4226 as Document No. 0534615, Official Records of Douglas County, Nevada.

Dated September 27, 2010


Vicki Lynn Warren
STATE OF NEVADA)



COUNTY OF DOUGLAS)

On ¹⁰⁻⁶⁻¹⁰ personally appeared before me, a Notary Public, Vicki Lynn Warren

who acknowledged that She executed the above instrument.

Signature
(Notary Public)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010011112
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) Walter William WARREN		2. DATE OF DEATH (Mo/Day/Year) May 26, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 1426 Willow Creek Lane		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 70		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 13, 1939		9a. STATE OF BIRTH (If not U.S.A., name country) Rhode Island		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Vickie KIENZLE	
13. SOCIAL SECURITY NUMBER 5617		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Auto Body Builder		14b. KIND OF BUSINESS OR INDUSTRY Public Utilities	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1426 Willow Creek Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Walter C WARREN	
17. MOTHER - NAME (First Middle Last Suffix) Rita L RONDEAU		18a. INFORMANT - NAME (Type or Print) Vickie WARREN		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1426 Willow Creek Lane Gardnerville, Nevada 89410	
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. 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) GREG HUBBARD			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) GREG HUBBARD		
21b. DATE SIGNED (Mo/Day/Yr) July 26, 2010		21c. HOUR OF DEATH 13:50		22b. DATE SIGNED (Mo/Day/Yr) July 26, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 13:50		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22a. PRONOUNCED DEAD AT (Hour) 13:50		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Greg Hubbard P.O. Box 218 Minden, NV 89423			
23b. LICENSE NUMBER 262				24a. REGISTRAR (Signature) JENELLE ENGLISH	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 29, 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).)					
PART I					
(a) Saddle Pulmonary Embolus					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II				26. AUTOPSY (Specify Yes or No) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				28a. ACC., SUICIDE, HDM., 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-1010
PG-1754

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VRB-Rev-20080802

343611

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: 07/29/2010

Rod Whet
SIGNATURE AUTHENTICATED

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

