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1220-09-410-012

Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By:

Name: Thomas J. Hall, Esq.

✓

Address: Post Office Box 3948

City/State/Zip Reno, Nevada 89505

Real Property Transfer Tax:

DOC # 0777622  
01/27/2011 09:51 AM Deputy: GB

OFFICIAL RECORD

Requested By:  
THOMAS HALL

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0111 PG- 5824 RPTT: 0.00



0.00

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Affidavit of Death of Trustee

\_\_\_\_\_  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*





**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

**CERTIFICATE OF DEATH**

3201019022957

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO STAPLES, WRITINGS OR ALTERATIONS VS-1 (REV. 5/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ROBERT</b>		2. MIDDLE <b>IAN</b>		3. LAST (Family) <b>EWART</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) <b>IAN . EWART</b>		4. DATE OF BIRTH mm/dd/yyyy <b>08/24/1929</b>		5. AGE Yrs. <b>80</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>SCOTLAND</b>		10. SOCIAL SECURITY NUMBER <b>4719</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPOUSE (at Time of Death) <b>DIVORCED</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/28/2010 FND</b>		8. HOUR (24 Hour) <b>1750</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>GENERAL CONTRACTOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CONSTRUCTION</b>		19. YEARS IN OCCUPATION <b>60</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1248 PLEASANTVIEW DR</b>					
21. CITY <b>GARDNERVILLE</b>		22. COUNTY/PROVINCE <b>DOUGLAS</b>		23. ZIP CODE <b>89460</b>	
24. YEARS IN COUNTY <b>8</b>		25. STATE/FOREIGN COUNTRY <b>NV.</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>THOMAS EWART, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>4033 GOLDEN EAGLE AVE, PALMDALE, CA 93552</b>			
28. NAME OF SURVIVING SPOUSE/SPOE - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>THOMAS</b>		32. MIDDLE		33. LAST <b>EWART</b>	
34. BIRTH STATE <b>SCOTLAND</b>		35. NAME OF MOTHER/PARENT - FIRST <b>KATHERINE</b>		36. MIDDLE	
37. LAST (BIRTH NAME) <b>UNK</b>		38. BIRTH STATE <b>SCOTLAND</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>06/10/2010</b>		40. PLACE OF FINAL DISPOSITION <b>RES. THOMAS EWART 4933 GOLDEN EAGLE AVE, PALMDALE, CA 93552</b>			
41. TYPE OF DISPOSITIONS <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>CALIFORNIA CREMATION CENTERS</b>		45. LICENSE NUMBER <b>FD1911</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>	
47. DATE mm/dd/yyyy <b>06/10/2010</b>					
101. PLACE OF DEATH <b>DESERT</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> A		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>NORTH OF AVENUE 0 AT LONGVIEW ROAD</b>		106. CITY <b>LANCASTER</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE. <b>DEFERRED</b>		108. DEATH REPORTED TO CORONER? (a) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (b) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>DEFERRED</b>		110. BROPSEY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND IN PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>JONATHAN FIELDING, MD</b>		116. LICENSE NUMBER <b>50</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE mm/dd/yyyy <b>06/10/2010</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>REGINA M AUGUSTINE</b>		127. DATE mm/dd/yyyy <b>06/10/2010</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>REGINA M AUGUSTINE, DEPUTY CORONER</b>	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		010001001514309			

BK- 0111  
PG- 5827  
01/27/2011  
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This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding, MD* 016 DATE ISSUED  
Director of Public Health and Registrar JUN 14 2010

\* H D 1 8 8 4 7 7 8 \*

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

