

A.P.N. 1420-33-810-024

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0211 PG- 0391 RPTT: 0.00

When Recorded Mail To:
✓ Delmar McCoy
1358 Judy Street
Minden, Nv 89423



AFFIDAVIT - DEATH OF JOINT TENANT

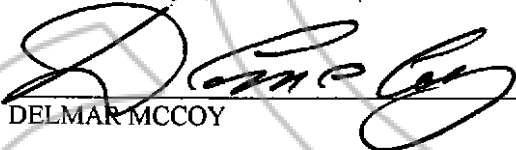
The undersigned being first duly sworn, deposes and says:

That HAZEL MARIE MCCOY, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HAZEL MCCOY named as one of the parties in that certain QUITCLAIM DEED dated October 30, 1986, executed by DELMAR MCCOY, a married man to DELMAR MCCOY and HAZEL MCCOY, husband and wife as joint tenants, recorded as Instrument No. 147215, Book 1286, Page 2880 on December 23, 1986 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 41, as said lot is shown on the map of IDLE ACRES SUBDIVISION, filed in the office of the County Recorder of Douglas, Nevada, on April 5, 1960..

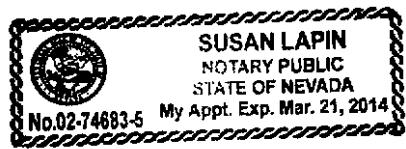
Dated: February 1, 2011


DELMAR MCCOY

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On Feb. 2, 2011, ¹¹2010, before me, a notary public, personally appeared DELMAR MCCOY, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that HE executed the instrument.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009011403
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Hazel Marie MCCOY		2. DATE OF DEATH (Mo/Day/Year) July 28, 2009		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1358 Judy St.		3e. If Hosp. or Inst. Indicate DOA, OP/Emer., Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) August 25, 1934		9a. STATE OF BIRTH (if not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Delmar Eugene MCCOY	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████7831		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner-operator		14b. KIND OF BUSINESS OR INDUSTRY Childcare	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1358 Judy St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Orville HEWITT	
	17. MOTHER - NAME (First Middle Last Suffix) Lorene Ruby RUSH		18a. INFORMANT - NAME (Type or Print) Delmar Eugene MCCOY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1358 Judy St. Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTOPHER HIGHLEY D.O. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) July 29, 2009		21c. HOUR OF DEATH 12:30	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
REGISTRAR	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) Christopher Highley D.O. 1200 North Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 1108		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 06, 2009		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) Alzheimers Dementia DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II		26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)		26. DATE OF INJURY (Mo/Day/Yr)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	27. 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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		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- 0211
PG- 392

VRS-Rev-20090802

283748 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:

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

PNCO (REV) 11/06

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

