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DOC # 0778271
02/08/2011 02:18 PM Deputy: PK
OFFICIAL RECORD
Requested By:
VAUGHN E PEAK

APN: 1420-07-817-002

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0211 PG-1504 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT 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

Signed By: Vaughn E. Peak

Print Name/Title: VAUGHN E. PEAK

✓ WHEN RECORDED MAIL TO:

MR. PEAK
P.O. BOX 2858
CARSON CITY, NV 89702

A.P.N. 1420-07-817-002

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

MR. PEAK

P.O. BOX 2858

CARSON CITY, NV 89702

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Vaughn E. Peak, of legal age, being duly sworn, deposes and says

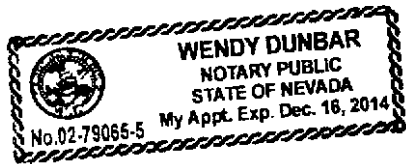
That Donna Lee Peak, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Donna L. Peak named as one of the parties in that certain Grant, Bargain and Sale Deed dated February 3, 2003, executed by Vaughn Elbert Peak, Trustee and Donna Lee Peak, Trustee of The Vaughn Elbert Peak and Donna Lee Peak Family Trust, who acquired title as Vaughn Elbert Peak and Donna Lee Peak Family Trust to Vaughn E. Peak and Donna L. Peak, husband and wife as joint tenants, recorded as Instrument No. 566826, on February 11, 2003, in Book 0203, Page 03845, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of DOUGLAS, State of Nevada.

LOT 43, IN BLOCK E, AS SHOWN ON THE MAP OF IMPALA MOBILE HOME ESTATES UNIT NO. 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MAY 11, 1978, IN BOOK 578, PAGE 708, AS DOCUMENT NO. 20555.

Dated: February 8, 2011

Vaughn E. Peak (signature)

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)
SS.



On FEBRUARY 8, 2011 before me, the undersigned, a Notary Public in and for said State and County, personally appeared VAUGHN E. PEAK known to me to be the person whose name is subscribed to the within instrument and acknowledge that he executed the same.

Signature (signature)
Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2011001427

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) Donna Lee PEAK		2. DATE OF DEATH (Mo/Day/Year) January 28, 2011		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Mountain Springs Assisted Community		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Assisted Living	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 25, 1933		9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify), Married		12. SURVIVING SPOUSE (if wife, give maiden name) Vaugh' PEAK	
13. SOCIAL SECURITY NUMBER 9591		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3445 Princeton Ave.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John SEEMATTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dora		
18a. INFORMANT - NAME (Type or Print) Vaughn PEAK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3445 Princeton Ave Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION - City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) CHRISTOPHER HIGHLEY D.O. 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) February 02, 2011		21c. HOUR OF DEATH 16:47		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2011		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) Cardiac Arrest				Interval between onset and death	
(b) Hypovolemia				Interval between onset and death	
(c) Unknown Etiology				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				28. AUTOPSY (Specify Yes or No) No	
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR



0778271 Page: 3 Of 3 02/08/2011

BK- 0211
PG- 1506

VRS-Rev-20110104

1510

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: **02/04/2011**

Christina Griffith
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

