

DOC # 781599
04/15/2011 10:40AM Deputy: SG
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-411 PG-2770 RPTT: 0.00

APN: 1220-15-310-033
ORDER NO.: DO-1096001-CL



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT OF DEATH TERMINATING LIVE ESTATE

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 "Tammy L. Max", written over a horizontal line.

Print Name/Title: Tammy L. Max, Title Officer

WHEN RECORDED MAIL TO:

Walter A. Thompson
401 Aspen Drive
Dayton, NV 89403

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010019413

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) Elsie J OSTERBERG		2. DATE OF DEATH (Mo/Day/Year) December 19, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) The Arbors		3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) May 17, 1923		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) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████ 1983		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Cafeteria Lunch Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks	
15d. STREET AND NUMBER 2121 East Prater Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) John HUBENAK			17. MOTHER - NAME (First Middle Last Suffix) Julia A GAJDOSIK		
18a. INFORMANT- NAME (Type or Print) Carol J THOMPSON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 401 Aspen Drive Dayton, Nevada 89403		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502	
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) SIGNATURE AUTHENTICATED JEFFREY NEAL GINGOLD M.D.			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) December 23, 2010		21c. HOUR OF DEATH 06:30		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) Jeffrey Neal Gingold M.D. 3101 Plumas Reno, NV 89509		23b. LICENSE NUMBER 5867	
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 28, 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) Mixed dementia due to vascular and degenerative brain disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. 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. 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		28i. STATE	

STATE REGISTRAR



BK-411
PG-2772

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VRS-Rev-20100218

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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.

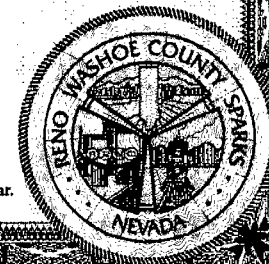
12/28/2010

DEPUTY REGISTRAR

May A P
SIGNATURE AUTHENTICATED

DATE ISSUED:
PENCD (REV) 12/09

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE