

DOC # 781665  
04/15/2011 01:00PM Deputy: KE  
OFFICIAL RECORD  
Requested By:  
NORTHERN NEVADA TITLE CC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: 43.00  
BK-411 PG-3048 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 LIFE ESTATE

\*\*\*Document No. 781599 is being re-recorded to add the signature page

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. May", written over a horizontal line.

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

WHEN RECORDED MAIL TO:

Walter A. Thompson  
401 Aspen Drive  
Dayton, Nevada 89403



BK-411  
PG-3049

781665 Page: 2 of 5 04/15/2011

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:

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

WHEN RECORDED MAIL TO:

Walter A. Thompson  
401 Aspen Drive  
Dayton, NV 89403



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

<b>Recorded Electronically</b>	
ID	<u>781579</u>
County	<u>Douglas</u>
Date	<u>4-15-11</u> Time <u>10:40 AM</u>
Simplifile.com 800.460.5657	

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: 

Print Name/Title: Tammy L. May, 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 - STATE THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Elsie J OSTERBERG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 19, 2010</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Sparks</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>The Arbors</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) <b>May 17, 1923</b>	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
7c. UNDER 1 DAY HOURS   MINS		8. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>██████████1983</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Cafeteria Lunch Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Sparks</b>	
15d. STREET AND NUMBER <b>2121 East Prater Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>John HUBENAK</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Julia A GAJDOSIK</b>		18a. INFORMANT- NAME (Type or Print) <b>Carol J THOMPSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>401 Aspen Drive Dayton, Nevada 89403</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b>		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>390 E. Moana Ln. Suite D1 Reno NV 89502</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JEFFREY NEAL GINGOLD M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>December 23, 2010</b>		21c. HOUR OF DEATH <b>06:30</b>	
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)	
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) <b>Jeffrey Neal Gingold M.D. 3101 Plumas Reno, NV 89509</b>		23b. LICENSE NUMBER <b>5867</b>		24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 28, 2010</b>		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) <b>Mixed dementia due to vascular and degenerative brain disease</b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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.		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK-411  
PG-3051

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V88-Rev.20100216

000059793

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

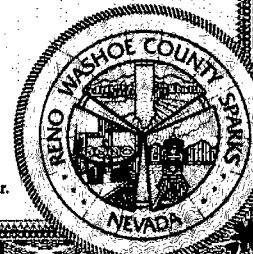
*May A R*  
SIGNATURE AUTHENTICATED

DATE ISSUED:

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

FRNCO (Rev) 12/09

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





Walter A. Thompson  
Walter A. Thompson

State of Nevada }  
County of Carson } <sup>ss.</sup> City

On April 14, 2011 before me, the undersigned, a Notary Public in and for  
said State and County, Personally appeared

Walter A. Thompson

Known to me to be the person(s) whose name(s) subscribed to the within instrument and  
acknowledge that executed the same

Signature [Handwritten Signature]  
Notary Public

