

17.

DOC # 0782535  
05/03/2011 09:53 AM Deputy: SD  
OFFICIAL RECORD  
Requested By:  
JEFFREY K. RAHBECK

APN: 1318-10-417-044

Recording requested by and  
When recorded mail to:

✓ Jeffrey K. Rahbeck, Esq  
Post Office Box 435  
Zephyr Cove, Nevada 89448

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0511 PG- 0276 RPTT: 0.00



**AFFIDAVIT OF DEATH OF JOINT TENANT**

PHYLLIS M. MILLER, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of WILFORD JOSEPH MILLER, and that the Affiant and the said WILFORD JOSEPH MILLER, deceased, are the grantees in joint tenancy under that certain JOINT TENANCY DEED dated the 14<sup>th</sup> day of May 1970; said document was recorded in Book 76, Page 105 of the official records in Douglas County, State of Nevada, affecting all that certain piece or parcel of land, situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

“Lot 8 in Block 2 of ZEPHYR HEIGHTS SUBDIVISION, being a portion of Lot 2 of Section 9 and the Southwest quarter of the Southwest quarter of Section 10, Township 13 North, Range 18 East, M.D.B.&M., Douglas County, Nevada filed in the Office of the County Recorder of Douglas County, Nevada on July 5, 1947, Assessor’s Parcel No. 1318-10-417-044.”

That the said WILFORD JOSEPH MILLER, one of the joint tenant grantees respecting said JOINT TENANCY DEED, died on the 8<sup>th</sup> day of January, 2011, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit “A”; that said certified copy of





COPY

**EXHIBIT "A"**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

201100357  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) <b>Wilford Joseph MILLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 08, 2011</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE, White (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 21, 1918</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Massachusetts</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Phyllis ORDAWAY</b>	
13. SOCIAL SECURITY NUMBER <b>4854</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Installer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Telecommunications</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>623 Lakeview St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Napoleon MEUNIER</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eva VIEIRA</b>		18a. INFORMANT- NAME (Type or Print) <b>Phyllis MILLER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 433 Zephyr Cove, Nevada 89448</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
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) <b>CRAIG STEVEN RAU M.D.</b> 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) <b>January 12, 2011</b>		21c. HOUR OF DEATH <b>17:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Malva, Vijay</b>		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>Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451</b>			
23b. LICENSE NUMBER <b>10991</b>		24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 13, 2011</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I		(a) <b>Acute Pancreatitis</b>		Interval between onset and death <b>Days</b>	
		(b) <b>Acute Cholecystitis</b>		Interval between onset and death <b>Days</b>	
		(c) <b>Cardiorespiratory Failure</b>		Interval between onset and death <b>Minutes</b>	
		(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 I				26. AUTOPSY (Specify Yes or No) <b>NO</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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	

STATE REGISTRAR



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BK- 0511  
PG- 279

VRS-Rev.20110104

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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.

DATE ISSUED: 01/13/2011

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

