

DOC # 783389
05/17/2011 03:28PM Deputy: DW
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-511 PG-3133 RPTT: 0.00

APN: 1420-18-214-047
ORDER NO.: 1096193-LI



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF A JOINT TENANT

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 'T Waller', written over a horizontal line.

Print Name/Title: Tamara Waller/Title Officer

WHEN RECORDED MAIL TO:

Gloria M. Peterson
1569 Chiquita
Minden, NV 89423



A.P.N.: 1420-18-214-047
Escrow No.: 1096193-LI

RECORDING REQUESTED BY
Northern Nevada Title Company
307 W Winnie Lane, Suite 1
Carson City, NV 89703

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Gloria M. Peterson
1569 Chiquita
Minden, NV 89423

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Gloria M. Peterson, of legal age, being duly sworn, deposes and says:

That Wesley Eugene Peterson, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Wesley E Peterson named as one of the parties in that certain Grant Bargain and Sale Deed dated , executed by Truman Gillock III and Patricia Gail Gillock, husband and wife to Wesley E. Peterson and Gloria M. Peterson, husband and wife as joint tenants, recorded as Instrument No. 321238, on October 27, 1993, in Book 1093, Page 5426, of Official Records of Douglas County, Nevada, covering the following described property situated in the **County of Douglas**, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 26 of Block B as shown on the map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 18, 1978, as Document No. 25326, and Certificate of Amendment of the final plat of said subdivision recorded August 23, 1979, in Book 879 of Official Records at Page 1725, Douglas County, Nevada as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079 of Official Records at Page 1039, Douglas County, Nevada, as Document No. 37638.



Dated: May 18, 2011

Gloria M. Peterson
Gloria M. Peterson

Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

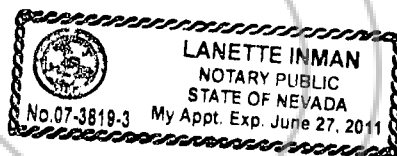
STATE OF NEVADA)

COUNTY OF CARSON CITY)

On 5/18/11 personally appeared before me, a Notary Public, Gloria M. Peterson

who acknowledged that She executed the above instrument.

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

2010001027
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) Wesley Eugene PETERSON		2. DATE OF DEATH (Mo/Day/Year) January 21, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3318 Vista Grande Blvd.		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) January 31, 1933	
6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		9a. STATE OF BIRTH (if not U.S.A., name country) Minnesota		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) Gloria	
13. SOCIAL SECURITY NUMBER 4804		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Mill Man		14b. KIND OF BUSINESS OR INDUSTRY Cabinet Shop	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3318 Vista Grande Blvd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Russell Lesley PETERSON			17. MOTHER - NAME (First Middle Last Suffix) Marian DELMATURA		
18a. INFORMANT- NAME (Type or Print) Gloria PETERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3318 Vista Grande Blvd 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		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
20a. SIGNATURE AUTHENTICATED					
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 CHARLES BRIAN SONDEREGGER 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) January 24, 2010		21c. HOUR OF DEATH 23:20		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) Charles Brian Sonderegger M.D. 961 Mica Drive, Suite A Carson City, NV 89705				23b. LICENSE NUMBER 3390	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I					
(a) Acute Myelogenous Leukemia				3 Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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



BK 511
PG-3136

783389 Page: 4 of 4 05/17/2011

VRS-Rev-20090602

312388

CERTIFIED COPY OF VITAL RECORDS

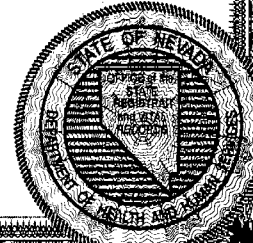
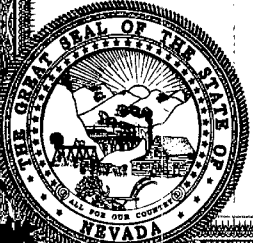
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 01/28/2010

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

PRNCO (Rev) 11/06

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE