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DOC # 0783669  
05/24/2011 11:59 AM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
PAUL W. HARR

Assessor's Parcel Number: 1220-25-510-008

Recording Requested By:

Name: Paul W. Harr

Address: P.O. Box 1574

City/State/Zip Gardnerville, NV 89410

Real Property Transfer Tax: n/a

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0511 PG-4271 RPTT: 0.00



Affidavit of Death of Joint Tenant  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

C:\bc docs\Cover page for recording

**AFFIDAVIT OF DEATH OF A JOINT TENANT**

STATE OF NEVADA )  
 : Ss  
DOUGLAS COUNTY )

I, PAUL W. HARR, of legal age, being duly sworn, deposes and says that MARY CATHERINE HARR, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MARY CATHERINE HARR named as one of the parties in that certain Grant, Bargain and Sale Deed dated June 13, 1978 executed by LEMUEL W. THOMPSON to PAUL W. HARR and CATHERINE W. HARR, husband and wife as joint tenants recorded as instrument number 21821 on June 13, 1978 in the Book 678 Page 819 of Official Records of Douglas County, Nevada, covering the following described property.

LOT 19/ Block A as set forth in map of THOMPSON ACRES UNIT NO. 2 filed for record on March 22, 1978, Douglas County, Nevada records.

APN: 29-431-19

DATED this 16 day of May 2011


*Paul W. Harr*  
PAUL W. HARR

*State of Nevada*  
*County of Douglas*

SUBSCRIBED and SWORN to before me

this 16th day of May 2011 *by Paul W. Harr*

*Ashley Busse*  
NOTARY PUBLIC


 ASHLEY BUSSE  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 10/24/13  
Certificate No: 05-101070-5

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

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

2011007444  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Catherine Walters HARR</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 27, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number). <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Female</b>
DECEDENT	5. RACE White (Specify) <b>White</b>	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>86</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 13, 1924</b>	
	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Pennsylvania</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>Paul HARR</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████3920</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Hostess</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>		Ever in US Armed Forces? <b>No</b>
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1931 Morgan Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edgar Bowden WALTERS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Augusta MANANDISE</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Paul HARR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 1574 Gardnerville, Nevada 89410</b>				
DISPOSITION	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>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			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) <b>JESSE MCKONE</b> SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>May 12, 2011</b>		22c. HOUR OF DEATH <b>17:10</b>
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>April 27, 2011</b>		22e. PRONOUNCED DEAD AT (Hour) <b>17:10</b>	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner JESSE MCKONE 1625 8th St Minden, NV 89423</b>					23b. LICENSE NUMBER <b>301</b>	
REGISTRAR	24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 16, 2011</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) <b>Congestive Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Renal Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF: (d)						Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	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						


 BK- 0511  
 PG- 4273  
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VRS-Rev-20110104

306694 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: 05/17/2011

  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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

