

DOC # 786706  
07/21/2011 11:39AM Deputy: PK  
OFFICIAL RECORD

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-711 PG-3750 RPTT: 0.00



APN# 1220-16-810-003

Recording Requested by:  
Name: First American Title Insurance Company  
Address: 1673 Lucerne Street, Suite A  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2410406

AFFIDAVIT-TERMINATING JOINT  
TENANCY

(for Recorder's use only)

(Title of Document)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS. 440.380

(State specific law)

Suzanne Cheecha Escrow Officer  
Signature Title

Suzanne Cheecha  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
 VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

**2009004450**  
 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 STARTING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Harold VEASY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 16, 2009</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Life Care Center of Reno</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last: birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 03, 1922</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Barbara WATTS</b>	
13. SOCIAL SECURITY NUMBER <b>5138</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Mechanic</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Air Lines</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>1309 Muir Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Harold William VEASY</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Roseanne CARR</b>		
18a. INFORMANT - NAME (Type or Print) <b>Barbara VEASY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1309 Muir Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremanation</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> SIGNATURE AUTHENTICATED		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>	
TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 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 <b>DAVID JULIAN</b>			22a. To Be Completed by CORONER'S OFFICE 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>March 24, 2009</b>		21c. HOUR OF DEATH <b>20:25</b>		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)		23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>DAVID JULIAN 445 HOLCOMB LANE Reno, NV 89511</b>			
23a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 01, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
23b. LICENSE NUMBER <b>11920</b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I		(a) <b>Septicemia from urinary source</b>			
		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF: <b>End stage dementia</b>			
		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:			
		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:			
		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:			
		Interval between onset and death			
PART II		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. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
28a. 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 711  
 PG-3752

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VRS-Rev-2008T

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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.

JUN 1 2010

DEPUTY REGISTRAR

*Sandi Bridges*

DATE ISSUED:

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

PRNCO (REV) 12/09

