

OFFICIAL RECORD

Requested By:

LAW OFFICE OF KAREN L

WINTERS

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00

BK-0811 PG- 5663 RPTT: 0.00



APN: 1320-33-718-014

After Recording Mail to:

✓ Norman L. Johnson  
P.O. Box 1285  
Minden, NV 89423

The undersigned affirms that this document does contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

NORMAN L. JOHNSON, being duly sworn, declares:

That SHIRLEY ANNE JOHNSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SHIRLEY A. JOHNSON, named as one of the parties in the Grant, Bargain, Sale Deed executed by Norman L. Johnson, a married man, to Norman L. Johnson and Shirley A. Johnson, husband and wife as joint tenants, and recorded as Document No. 0581515 on June 26, 2003, in Book 0603, Page 14424 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 25, in Block C, as set forth on FINAL SUBDIVISION MAP No. 1006-10 for CHICHESTER ESTATES, PHASE 10, filed in the office of the County Recorder of Douglas County, Nevada on April 25, 2002 in Book 0402 of Official Records, Page 7623, as Document No. 540511.

Per NRS 111.312, this legal description was previously recorded at Book 0603, Page 14424 on June 26, 2003, as Document No. 0581515.

Dated: August 27, 2011

*Norman L. Johnson*  
\_\_\_\_\_  
NORMAN L. JOHNSON

Subscribed and sworn to before me this 27<sup>th</sup> day of August, 2011.

[Seal]

KAREN L. WINTERS  
Notary Public  
STATE OF NEVADA  
No.90-1742-5 Exp.1/30/14

*Karen L. Winters*  
\_\_\_\_\_  
NOTARY PUBLIC

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

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

2011009710

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 HAVE ROSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Shirley Anne JOHNSON</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>June 18, 2011</b>   |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number)<br><b>1381 Hastings Lane</b>  |   | 3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b>  |  |
| 4. SEX<br><b>Female</b>  |  | 7a. AGE-Last birthday (Years)<br><b>76</b>   |   | 7b. UNDER 1 YEAR<br><b>MOS   DAYS</b>   |  |
| 5. RACE White (Specify)  |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |   | 7c. UNDER 1 DAY<br><b>HOURS   MINS</b>  |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>March 23, 1935</b>  |  | 9a. STATE OF BIRTH (if not U.S.A., name country)<br><b>California</b>  |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10. EDUCATION<br><b>12</b>   |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |   | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Norman Leroy JOHNSON</b>   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>4723</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br><b>Homemaker</b>  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Homemaker</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| 15d. STREET AND NUMBER<br><b>1381 Hastings Lane</b>  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |   | Ever in US Armed Forces? <b>No</b>  |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Vernon NIELSEN</b>   |  |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Marjorie GUYETT</b>   |   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Norman Leroy JOHNSON</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1381 Hastings Lane Gardnerville, Nevada 89410</b>   |   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Mount Shadow Cemetery</b>  |   | 19c. LOCATION City or Town, State<br><b>Sonora California</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JOHN LAWRENCE</b><br><i>SIGNATURE AUTHENTICATED</i>   |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>304R</b>   |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Autumn Funerals &amp; Cremations</b><br><b>1575 N Lompa Ln Carson City NV 89701</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) <i>SIGNATURE AUTHENTICATED</i><br><b>KAREN SUE MCDERMOTT M.D.</b> |  |  | 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)<br><b>June 22, 2011</b>   |  | 21c. HOUR OF DEATH<br><b>02:18</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)   |  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Karen Sue McDermott M.D. 1625 E. Prater Way #108 Sparks, NV: 89434</b> |   |   |  |
| 23b. LICENSE NUMBER<br><b>6450</b>   |  | 24a. REGISTRAR (Signature)<br><b>JENELLE ENGLISH</b><br><i>SIGNATURE AUTHENTICATED</i>   |   |   |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>June 24, 2011</b>  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>   |   |   |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)   |  |  |   |   |  |
| PART I   |  |  |   | Interval between onset and death  |  |
| (a) <b>Respiratory Failure</b>   |  |  |   |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |   | Interval between onset and death  |  |
| (b) <b>Hypoxia</b>   |  |  |   |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |   | Interval between onset and death  |  |
| (c) <b>End Stage Emphysema</b>   |  |  |   |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |   | Interval between onset and death  |  |
| (d) <b>Severe Kyphoscoliosis</b>   |  |  |   |   |  |
| 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)<br><b>No</b>  |  |
|  |  |  |   | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><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.   |   | 28h. CITY OR TOWN, STATE  |  |

STATE REGISTRAR

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BK- 0811  
PG- 5664

VRS-Rev-20110104

392242 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: 06/24/2011

*Rod Whelan*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

