

OFFICIAL RECORD

Requested By:

LAW OFFICE OF KAREN L.

WINTERS

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-1111 PG-1243 RPTT: 0.00



APN: 1420-18-114-005

After Recording Mail to:

Esther L. Guillemín
17273 Table Mt. Rd.
Jamestown, CA 95327

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)

ESTHER L. GUILLEMIN, being duly sworn, declares:

That EDMOND LUCIEN GUILLEMIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EDMOND L. GUILLEMIN, named as one of the parties in the Corporation Grant, Bargain, Sale Deed executed by Andrew W. Mitchell, President of Syncon Homes, a Nevada Corporation to EDMOND L. GUILLEMIN and ESTHER L. GUILLEMIN, husband and wife as joint tenants, and recorded as Instrument No.0547509 on July 19, 2002, in Book 0702, Page 05800 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 36, in Block D, as set forth on Final Map No. 1011-2C entitled VALLEY VISTA ESTATES 2, PHASE 2C, filed for record on the office of the Douglas County Recorder on September 21, 2001, Book 901, Page 4969, Document No. 523258, Official Records.

APN 1420-18-114-005.

Per NRS 111.312, this legal description was previously recorded at Document No.0547509 on July 19, 2002, in Book 0702, Page 05800 of Official Records of Douglas County, Nevada

ESTHER L. GUILLEMIN

Subscribed and sworn to before me this 4th day of November, 2011.

[Seal]

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

NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010019454
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) Edmond Lucien GUILLEMIN		2. DATE OF DEATH (Mo/Day/Year) December 22, 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) 812 Vista Hill Court		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE, White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 18, 1924	
9a. STATE OF BIRTH (If not U.S.A. name country) California		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) Esther L MOTLE			
13. SOCIAL SECURITY NUMBER 5361		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Correction Sgt.		14b. KIND OF BUSINESS OR INDUSTRY State Prison	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 812 Vista Hill Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Lucien GUILLEMIN			17. MOTHER - NAME (First Middle Last Suffix) Violet R TRUMPOWER		
18a. INFORMANT- NAME (Type or Print) Esther L GUILLEMIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 812 Vista Hill Court Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JUDITH KIMPTON <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502	
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) KELLE BROGAN M.D. <i>SIGNATURE AUTHENTICATED</i>			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) December 28, 2010		21c. HOUR OF DEATH 11:02		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) Kelle Brogan M.D. 429 Elm Street Reno NV 89503				23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 29, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Gastric Cancer					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b)					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
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) 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- 1111
PG- 1244
0792154 Page: 2 Of 2 11/04/2011

VRS-Rev-20100218

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: 01/06/2011

Christina Griffith
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

