

APN: 37-252-08

When Recorded, Please Return To:
Houghton Jones, A.P.C.
777 E. William Street, Suite 107
Carson City, NV 89701

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0112 PG- 5492 RPIT: 0.00



Mail Future Tax Statements To:
Ms. Toyo Watterson
3900 Topaz Ranch Road
Wellington, NV 89444

AFFIDAVIT OF DEATH

Toyo Watterson, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 128, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on February 20, 1967, in Book 47, Page 761, as Document No. 35464.

was held by George Watterson and Toyo Watterson, who acquired title as Husband and Wife as Joint Tenants with right of survivorship by Grant, Bargain, Sale Deed No. 214159 recorded on November 3, 1989.

That George Watterson passed away on November 29, 2011, as identified in Certificate of Death # 2011018850, issued by the State of Nevada.

That pursuant to the rules of survivorship, Toyo Watterson is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

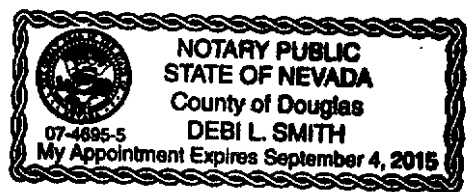
January 27, 2012

Toyo Watterson

State of Nevada)
Carson City)

This instrument was signed and sworn to before me on January 27, 2012 by Toyo Watterson.

Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2011018850

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 ROSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George Hollie WATTERSON		2. DATE OF DEATH (Mo/Day/Yr) November 29, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3900 Topaz Ranch Rd		3d. If Hosp. or Inst. indicate DOA Of/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 22, 1930		9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		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) Toyo KANEKO	
13. SOCIAL SECURITY NUMBER 5688		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) U. S. Navy		14b. KIND OF BUSINESS OR INDUSTRY U. S. Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3900 Topaz Ranch Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry O WATTERSON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys E HUSELTON		18a. INFORMANT - NAME (Type or Print) Toyo WATTERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3900 Topaz Ranch Rd Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. 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) ANDREW HO-KEUNG TANG M.D. SIGNATURE AUTHENTICATED			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 02, 2011		21c. HOUR OF DEATH 17:00		22b. DATE SIGNED (Mo/Day/Yr)	
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) Andrew Ho-Keung Tang M.D. PO Box 6715 Stateline, NV, 89449				23b. LICENSE NUMBER 8385	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 07, 2011		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) Cardiopulmonary Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Left Foot Gangrene				Weeks	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Peripheral Vascular Disease				Months	
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 I Coronary Artery Disease, Renal Failure				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC, SUICIDE, HOMICIDE, UNDETERMINED 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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Page: 2 Of 2

BK- 0112
PG- 5493
01/27/2012

VRS-Rev-20110104

413618

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: 12/07/2011

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

