

Recording Requested by:
Aurora L. Cushman

DOC # 0796997
02/07/2012 09:23 AM Deputy: SG
OFFICIAL RECORD
Requested By:
BROOKE SHAW ZUMPF

✓ When Recorded, Mail to:
Aurora L. Cushman
1560 Alba Vista Way
Gardnerville, NV 89410

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0212 PG-1007 RPTT: 0.00

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons, as per NRS 239B.030.



Aurora L. Cushman

Aurora L. Cushman

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF AURORA L. COUSHMAN

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

I, AURORA L. COUSHMAN, do hereby swear or affirm under penalty of perjury that the following assertions are true:

(a) I am the spouse of deceased joint tenant, GEORGE J. COUSHMAN.

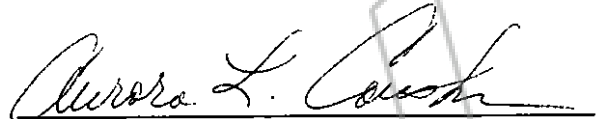
(b) The Grant, Bargain and Sale Deed recorded in the official records of the Douglas County Recorder's Office on 21 October 2002 as Document No. 0555394, at Book No. 1002, at Page No. 08617, created joint tenancy between GEORGE J. COUSHMAN and AURORA L. COUSHMAN.

(c) The real property is located at 1560 Alba Vista, in the city of Gardnerville, County of Douglas, State of Nevada and more specifically identified as:

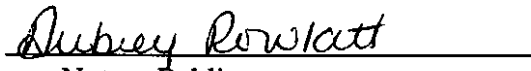
"Lot 13, Block B as shown on the map of HOLBROOK HIGHLANDS, filed in the office of the County Recorder, Douglas County, Nevada, on March 22, 1978 in Book 378, Page 1422 as Document No. 18825, Official Records of Douglas County, State of Nevada."

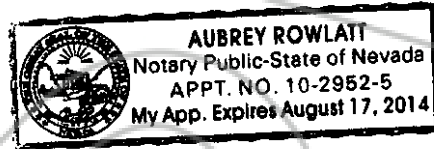
(d) GEORGE J. COUSHMAN died on 12 October 2011 at 1560 Alba Vista,
Gardnerville, NV 89410, County of Douglas, State of Nevada.

DATED this 14th day of December 2011.


AURORA L. COUSHMAN

SUBSCRIBED and SWORN to before me
this 14 day of December 2011.


Notary Public



s:\estate\cushman, aurora\documents\affidavit of aurora l. cushman (2).doc

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011016062
STATE FILE NUMBER

TYPE OR PRINT IN BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George Joe COUSHMAN		2. DATE OF DEATH (Mo/Day/Year) October 12, 2011		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) 1560 Alba Vista Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		
	3d. SEX Male		7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS		
	5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS		
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1940		9a. STATE OF BIRTH (if not U.S.A., name country) Wisconsin		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) Aurora PADILLA		
	13. SOCIAL SECURITY NUMBER ██████-5989		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Car Transporting		
	15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		
PARENTS	15d. STREET AND NUMBER 1560 Alba Vista Way			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph George COUSHMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene Ruth ZWECK			
	18a. INFORMANT- NAME (Type or Print) Aurora COUSHMAN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1560 Alba Vista Way Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada		
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Facilities & Cremations 1575 N Lompa Ln Carson City NV 89701		
	TRADE CALL - NAME AND ADDRESS						
	TRADE CALL	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN LENZ <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) JOHN LENZ <i>SIGNATURE AUTHENTICATED</i>		
		21b. DATE SIGNED (Mo/Day/Yr) October 15, 2011		21c. HOUR OF DEATH 06:51		22b. DATE SIGNED (Mo/Day/Yr) October 15, 2011	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 06:51		22d. PRONOUNCED DEAD (Mo/Day/Yr)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy JOHN LENZ, NV			23b. LICENSE NUMBER				
CERTIFIER	24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 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 (a) Arteriosclerotic Cardiovascular Disease 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) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death							
REGISTRAR	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



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VRS-Rev-20110104

407093

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: 10/19/2011

Rodriguez
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

