

Assessor's Parcel Number: 1420-33-101-011

Recording Requested By:

Name: JUDY A. DUNN-SCHMIDT

Address: 1260 STEPHANIE WAY

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax:

\$ _____

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0212 PG- 5104 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

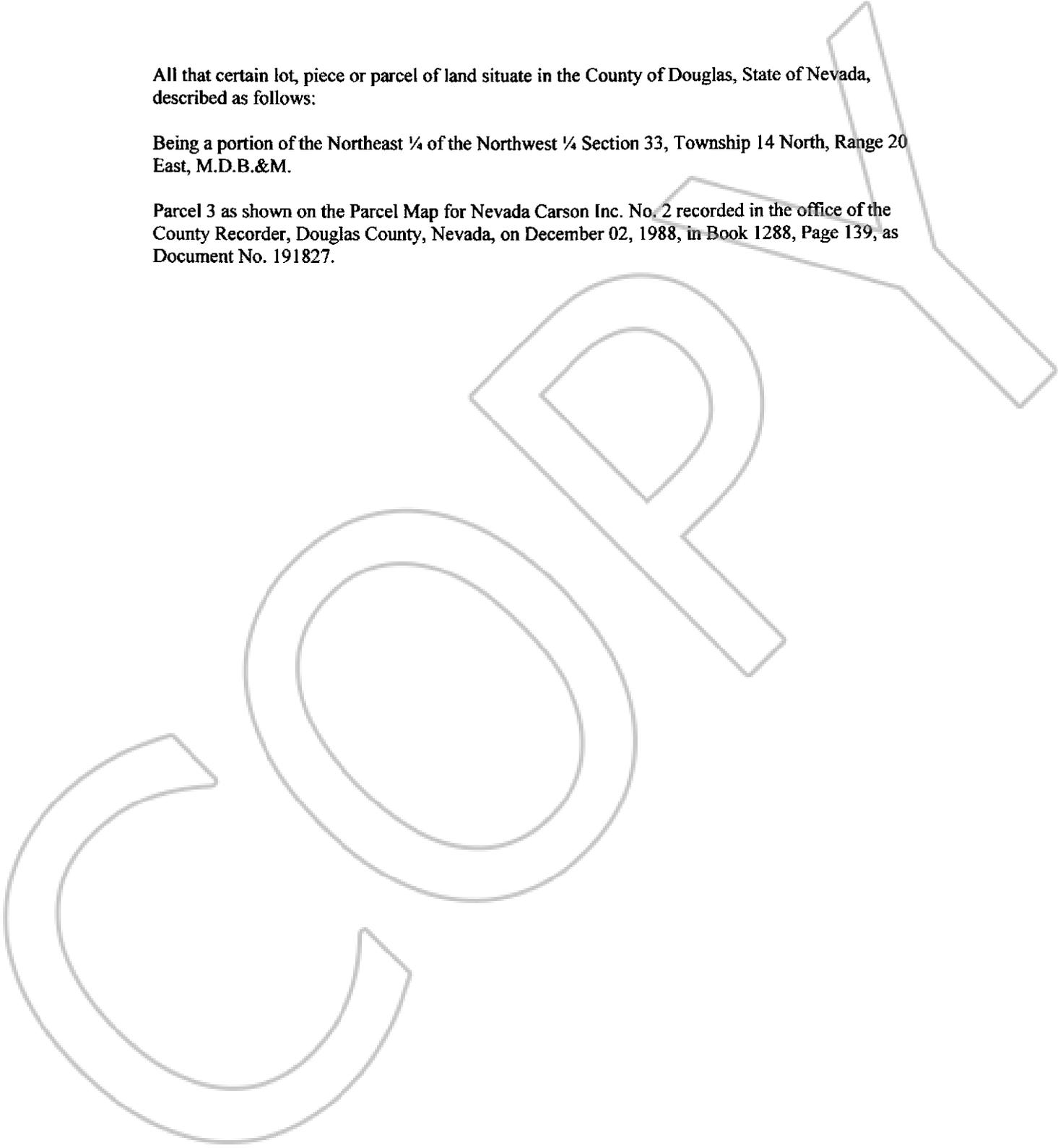
This cover page must be typed or legibly hand printed.

EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Northeast ¼ of the Northwest ¼ Section 33, Township 14 North, Range 20 East, M.D.B.&M.

Parcel 3 as shown on the Parcel Map for Nevada Carson Inc. No. 2 recorded in the office of the County Recorder, Douglas County, Nevada, on December 02, 1988, in Book 1288, Page 139, as Document No. 191827.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012002268
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Stephen SCHMIDT SR		2. DATE OF DEATH (Mo/Day/Year) February 16, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1260 Stephanie Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) March 13, 1934	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS HOURS MINS.	
9a. STATE OF BIRTH (if not U.S.A., name country) Texas		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) Judy Ann MILLER		13. SOCIAL SECURITY NUMBER 4044	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Coal Miner		14b. KIND OF BUSINESS OR INDUSTRY Coal Mine		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1260 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank SCHMIDT	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maudie MORGAN		18a. INFORMANT - NAME (Type or Print) Judy Ann DUNN-SCHMIDT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1260 Stephanie Way Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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> JORGE HERNAN PEREZ-CARDONA M.D.			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) February 16, 2012		21c. HOUR OF DEATH 05:00		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) Jorge Hernan Perez-Cardona M.D. 1000 N- Division Street #104 Carson City, NV 89703				23b. LICENSE NUMBER 10108	
24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2012		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) Lymphoma				Interval between onset and death	
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) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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		28h. CITY OR TOWN STATE	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR



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BK- 0212
PG- 5107

VRS-Rev-20110104

723421 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: 02/16/2012

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

Rick Noel
STATE REGISTRAR
SIGNATURE AUTHENTICATED

