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DOC # 0803067
05/25/2012 03:04 PM Deputy: KE

OFFICIAL RECORD
Requested By:
RONALD CAULEY

When Recorded mail to:

✓ GERALD GARNER
1805 N. Carson St., #324
Carson City, NV 89701

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-0512 PG- 5966 RPIT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
) ss.
County of Douglas)

I, GERALD GARNER, of legal age, being duly sworn, depose and say that LINDA ELAINE HECKENBERG-GARNER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as LINDA E. HECKENBERG-GARNER named as one of the parties in that certain Corporation Grant Deed dated June 10, 1994, executed by ANDREW W. MITCHELL for WESTERN NEVADA PROPERTIES, INC., to GERALD J. GARNER and LINDA E. HECKENBERG-GARNER, husband and wife as joint tenants with right of survivorship recorded as Document No. 341855, on July 14, 1994, in Book 0794 of Official Records, at Page 1981, Douglas County, Nevada, covering the following described property:

LOT 295 AS SET FORTH ON THE OFFICIAL PLAT OF WINHAVEN UNIT NO. 3, A PLANNED UNIT DEVELOPMENT FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 18, 1992, AS DOCUMENT 295672

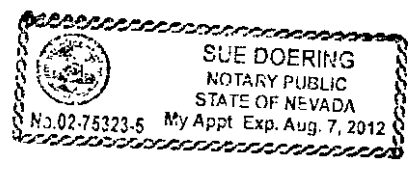
Original A.P.N. 25-642-21; New A.P.N. 1320-29-210-013

DATED this 22 day of May, 2012


GERALD GARNER

SUBSCRIBED and SWORN to before me
this 22nd day of May, 2012.


NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2011019042

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) Linda Elaine HECKENBERG-GARNER		2. DATE OF DEATH (Mo/Day/Year) December 06, 2011		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 66		8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1945	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Gerald J GARNER		13. SOCIAL SECURITY NUMBER 7267	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Educator		14b. KIND OF BUSINESS OR INDUSTRY Education		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1174 Wisteria Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Edgar HECKENBERG	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nathalie SCHMOGY		18a. INFORMANT- NAME (Type or Print) Gerald J GARNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1805 N. Carson St #324 Carson City, Nevada 89701	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Evergreen Cemetery		19c. LOCATION - City or Town - State EI Centro California	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89708	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JORGE SANTIBANEZ M.D.					
21b. DATE SIGNED (Mo/Day/Yr) December 08, 2011		21c. HOUR OF DEATH 00:10		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. 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 Santibanez M.D. 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 13739	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 09, 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) Respiratory Failure				Interval between onset and death 3 Days	
(b) Pneumonia				Interval between onset and death 3 Days	
(c) Lung Cancer				Interval between onset and death	
(d)				Interval between onset and death	
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., SLICIDE, 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- 0512
PG- 5967
05/25/2012

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VRS-Rev-20110104

115415 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: 01/04/2012

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

Rick Noel
STATE REGISTRAR
SIGNATURE AUTHENTICATED

