

Assessor's Parcel Number: 1420-35-101-045

Recording Requested By:

Name: ✓ Henry W. Cavallera

Address: 410 California Ave. Suite 100

City/State/Zip Reno/NV/89509

Real Property Transfer Tax:

DOC # 0805530  
07/11/2012 03:24 PM Deputy: AR  
OFFICIAL RECORD  
Requested By:  
HENRY W CAVALLERA

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 5 Fee: 18.00  
BK-0712 PG- 2736 RPTT: 0.00



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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.*

**Mail Tax Statements and  
When Recorded Mail To:**

MARILYN L. PETERSEN  
1618 Chowbuck Road  
Minden, NV 89423

A.P.N. 1420-35-101-045

I, the undersigned hereby  
affirm that this document  
submitted for recording DOES  
contains the social security  
number of a person as required  
by law: NRS 40.525 Sec. 5

**AFFIDAVIT OF DEATH OF JOINT TENANT**

MARILYN L. PETERSEN, does hereby swear under penalty of  
perjury that the assertions of this affidavit are true and  
deposes and says that Affiant is over the age of 18 years  
and competent to be a witness as to the matters hereinafter  
stated

1. I am the surviving joint tenant of FRANCES T.  
PETERSEN, the deceased joint tenant in the property  
described herein.

2. The joint tenancy was created by a Deed, recorded  
on May 16, 1977, as Document No. 09248 of the records of the  
office of the County Recorder of Douglas County, State of  
Nevada.

3. The description of the real property is as

follows:

A parcel of land situated and being a portion of the South ½ of the Southwest 1/4 of the Northwest 1/4 of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B. & M., more particularly described as follows:

BEGINNING at a point which said point is the Southwest corner of the South ½ of the Southwest 1/4 of the Northwest 1/4 of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B. & M.; thence proceed South 89°55' East, along the centerline of Chowbuck Road (50 foot in width), a distance of 560.04 feet to a point, which said point being the Southeast corner of the parcel; thence North 0°02' East, a distance of 330.95 feet to a point, which said point being the Northeast corner of the parcel; thence North 89°56'30" West, a distance of 173.80 to a point, which said point being the Northwest corner of this parcel, thence South 0°01'30" West, a distance of 330.88 feet more or less to the POINT OF BEGINNING.

Reserving therefrom and easement for roads and public utilities over and across the easterly 25 feet of said land.

Subject to a right-of-way for public road or street and incidental purposes over the Southerly 25 feet of said land as granted to Douglas County, Nevada, in instrument recorded June 9, 1966 in Book 41, Page 197, Document No. 32490, Official Records of Douglas County, Nevada.

Said land more fully shown as Parcel D, as set forth on that certain Survey Parcel Map, filed for record in the office of the County Recorder, Douglas County, State of Nevada, on May 27, 1976, as Document No. 00676.

4. The deceased joint tenant's name is FRANCES T.

PETERSEN, who died on March 28, 2012, in Douglas County,

Nevada. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 9<sup>th</sup> day of July, 2012.

Marilyn L. Petersen  
MARILYN L. PETERSEN

SUBSCRIBED and SWORN TO before me this 9<sup>th</sup> day of July, 2012.

[Signature]  
NOTARY PUBLIC in and for said County and State.

 HEATHER A. HARPER  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 09-10638-2 - Expires June 26, 2013

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2012005233**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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)<br><b>Francis Theodore PETERSEN</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>March 28, 2012</b>   |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Minden</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number)<br><b>1618 Chowbuck Road</b>   |  | 3e. If Hosp. or Inst. indicates DOA, OP, Emer. Rm. (Inpatient) (Specify)<br><b>Home</b>   |  |
| 4. SEX<br><b>Male</b>   |  | 5. RACE<br><b>White</b>   |  | 6. DATE OF BIRTH (Mo/Day/Yr)<br><b>October 06, 1929</b>   |  |
| 6. Hispanic Origin? Specify No - Non-Hispanic   |  | 7a. AGE - Last birthday (Years)<br><b>82</b>  |  | 7b. UNDER 1 YEAR<br>MOS: _____ DAYS: _____ HOURS: _____ MIN: _____  |  |
| 7c. UNDER 1 DAY   |  | 8. STATE OF BIRTH (if not U.S.A., name country)<br><b>Illinois</b>  |  | 9. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  |
| 10. EDUCATION<br><b>12</b>  |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Marilyn DICKASON</b>   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>6617</b>   |  | 14a. USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)<br><b>Computer Program Analyst</b>  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Computers</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Douglas</b>   |  | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>  |  |
| 15d. STREET AND NUMBER<br><b>1618 Chowbuck Road</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Paul PETERSEN</b>   |  |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Myrtis WOOD</b>   |  | 18a. INFORMANT - NAME (Type or Print)<br><b>Marilyn PETERSEN</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br><b>1618 Chowbuck Road Minden, Nevada 89423</b>   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Fitzhenry's Crematory</b>   |  | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89701</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JAMES SMOLENSKI</b><br><i>SIGNATURE AUTHENTICATED</i>  |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>217</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Fitzhenry's Funeral Home</b><br><b>3945 Fairview Dr Carson City NV 89701</b>  |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>NITA SANDHU SCHWARTZ M.D.</b><br><i>SIGNATURE AUTHENTICATED</i> |  |   |  |   |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>April 04, 2012</b>   |  | 21c. HOUR OF DEATH<br><b>07:51</b>  |  | 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) |  |
| 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)<br><b>Nita Sandhu Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b> |  | 23b. LICENSE NUMBER<br><b>9114</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>MICHELE L YOUNG</b><br><i>SIGNATURE AUTHENTICATED</i>  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>April 05, 2012</b>  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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) <b>Cardiopulmonary Arrest</b> Interval between onset and death  |  |   |  |   |  |
| (b) <b>Unknown Etiology</b> Interval between onset and death  |  |   |  |   |  |
| (c) 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 I<br><b>Coronary Artery Disease, Alzheimers Dementia</b>              |  |   |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>   |  | 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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BK- 0712  
PG- 2740

VSS Rev 2011/01/04

429446

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: **04/05/2012**

*Rod White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

