

A.P.N.: 1220-22-310-098

RECORDING REQUESTED BY
Debra Platt

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0712 PG- 6612 RPTT: 0.00

MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO

✓ Debra Platt

1459 Angora Dr
Gardnerville NV 89460



THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Debra Platt, of legal age, being duly sworn, deposes and says:

That Lester Platt , the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lester Platt named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 7, 2002 , executed by Kevin R. Luther and Lisa M. Luther, husband and wife, as joint tenants to Lester Platt, an unmarried man and Debra Platt, an unmarried woman together as joint tenants, recorded as Instrument No. 550414, on August 26, 2002 , in Book 802 , Page 8464, of Official Records of Douglas County, Nevada, covering the following described property situated in the **County of Douglas**, State of Nevada.

Lot 704, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County , Nevada, on March 27, 1974, in Book 676, as File No. 72456.

Dated:

Debra Platt

Debra Platt

Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

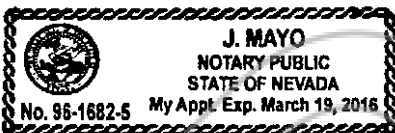
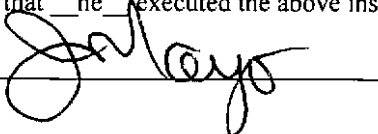
STATE OF NEVADA)

COUNTY OF DOUGLAS)

On 1/26/12 personally appeared before me, a Notary Public, Debra Platt

who acknowledged that he executed the above instrument.

Signature _____
(Notary Public)



COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2012010403

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lester Jerry PLATT			2. DATE OF DEATH (Mo/Day/Year) June 26, 2012		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) Merrill Gardens		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Assisted Living		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 27, 1926		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10 EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER 8145	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Heavy Equipment Maintenance		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. INSIDE CITY LIMITS (Specify Yes or No) Yes		15a. RESIDENCE - STATE Nevada	
PARENTS	15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1565 A Virginia Ranch Road #112		16 FATHER/PARENT - NAME (First Middle Last Suffix) Lester Edward PLATT	
	16 MOTHER/PARENT - NAME (First Middle Last Suffix) Virgie Bell ARMSTRONG		17. INFORMANT - NAME (Type or Print) Debra Diane PLATT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1459 Angora Drive Gardnerville, Nevada 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
DISPOSITION	19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431		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 Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		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) NITA SANDHU SCHWARTZ M.D. <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) July 03, 2012	
TRADE CALL	21c. HOUR OF DEATH 19:30		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Sandhu Schwartz M.D. 710 W. Washington St. Carson City, NV 89703	
CERTIFIER	23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) MICHELE L. YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 05, 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) Cardiopulmonary Arrest		Interval between onset and death	
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(b) Unknown Etiology		Interval between onset and death		Interval between onset and death	
	(c) Unknown Etiology		(d) Unknown Etiology		Interval between onset and death		Interval between onset and death	
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Lung Cancer, Heart Disease, Hypertension		26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		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	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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BK- 0712
PG- 6614

VR8-Rev-20120523a

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: 07/05/2012

Rod Whet
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

