

OFFICIAL RECORD

Requested By:
JOHN ANDERSON

John Anderson
1373 N. Santa Barbara Dr.
Minden, NV 89423

Trustee
Affidavit of Death of ~~Joint Tenant~~ *John*

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0812 PG- 0142 RPTT: 0.00

STATE OF Nevada
COUNTY OF Douglas



Personally appeared before me, the undersigned authority in and for said county and state, John Anderson (Name of Affiant), who, having been being first duty sworn by the undersigned Notary Public, deposes and says:

That Patricia Anderson (name of decedent), the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Patricia Anderson (Name in Deed), named as one of the parties in that certain Warranty Deed dated 06/22/2009 (date), executed by John Anderson and Patricia Anderson (Names of Grantors) to John and Patricia Anderson Living Trust (Names of Grantees), as joint tenants, recorded as Instrument No. 0748715 on 08/11/2009 (date) of the Official Records of Douglas Co., Nevada (name of county and state), covering the following described property situated in said County, State of Nevada:

(Legal Description)

LOT 8 IN BLOCK A, AS SET FORTH ON THE OFFICIAL MAP OF MISSION HOT SPRINGS UNIT NO. 2, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 14, 1988, IN BOOK 988, PAGE 1249, AS DOCUMENT NO. 186262, OFFICIAL RECORDS.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 600,000.

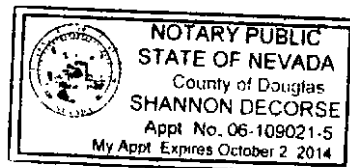
John Anderson
(Printed Name of Affiant)
John Anderson
(Signature of Affiant)

SWORN to and subscribed before me, this the 1st day of August, 2012

Shannon Decorse
NOTARY PUBLIC

My Commission Expires:

10/2/2014



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012006675
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) Patricia Ann ANDERSON		2. DATE OF DEATH (Mo/Day/Year) April 19, 2012		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) 78		7b. UNDER 1 YEAR MOS. : DAYS : HOURS : MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 14, 1934		9a. STATE OF BIRTH (if not U.S.A., name country) Massachusetts		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) John R ANDERSON	
13. SOCIAL SECURITY NUMBER 7861		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Sales Person		14b. KIND OF BUSINESS OR INDUSTRY Clothing Retail	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1373 N. Santa Barbara Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First-Middle-Last-Suffix) Kenneth WICH			17. MOTHER/PARENT - NAME (First-Middle-Last-Suffix) Doris ZAUCHE		
18a. INFORMANT: NAME (Type or Print) John R ANDERSON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1373 N. Santa Barbara, Dr 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 Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place end due to the cause(s) stated: (Signature & Title) SIGNATURE AUTHENTICATED VIJAY MAIYA					
21b. DATE SIGNED (Mo/Day/Yr) April 25, 2012		21c. HOUR OF DEATH 14:57		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	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11909		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 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				Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF: Cardiopulmonary Arrest					
(b) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Colon Cancer					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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, HOMICIDE, 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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PG- 143

VRS-Rev-20110325

433885

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: 05/02/2012

Rud. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

