

17

DOC # 0806953  
08/03/2012 12:29 PM Deputy: AR

OFFICIAL RECORD

Requested By:  
PAUL PENN

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0812 PG- 0689 RPIT: 0.00



Assessor's Parcel Number: 1220-21-610-178

Recording Requested By:

Name: PAUL PENN

Address: 705 HORNET DR

City/State/Zip GARDNERVILLE, NV 89460

Real Property Transfer Tax: \$ \_\_\_\_\_

AFFIDAVIT - 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.*

<b>APN: 1220-21-610-178</b>	
<b>RECORDING REQUESTED BY:</b>	
Paul Penn 705 Hornet Dr. Gardnerville, NV 89460	
<u>AFTER RECORDATION, RETURN BY MAIL TO</u>	
✓ Paul Penn 705 Hornet Dr. Gardnerville, NV 89460	

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**


STATE OF NEVADA            )  
  ) ss:  
COUNTY OF DOUGLAS    )

PAUL PENN, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BERNICE PENN named as one of the parties in that certain Grant, Bargain and Sale Deed dated December 23, 2002, executed by Brandon J. Rank and Michelle V. Rank, husband and wife, to PAUL PENN (surviving tenant) and BERNICE PENN, husband and wife as joint tenants, and recorded on December 30, 2002, in Book 1202, Page 13099, Document No. 0562315 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:


Lot 527, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512.

Dated: 8/3/12

  
\_\_\_\_\_  
PAUL PENN

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me on this 3rd day of August, 2012, by PAUL PENN, proved to me on the basis of satisfactory evidence to be the person who appears before me.

  
\_\_\_\_\_  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

2012010823

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) <b>Bernice Jane PENN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>July 06, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>705 Hornet Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>		4. SEX <b>Female</b>
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>75</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	7c. UNDER 1 DAY HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>July 12, 1936</b>
9a. STATE OF BIRTH (If not U.S.A. name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Paul H PENN</b>
13. SOCIAL SECURITY NUMBER <b>9047</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Nursing Attendant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>		15. Ever in US Armed Forces? No
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>705 Hornet Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Curtis TRAMEL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sally BERRYMAN</b>			
18a. INFORMANT - NAME (Type or Print) <b>Paul H PENN</b>			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) <b>705 Hornet DR Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>820</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>			
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) <b>STEVEN MICHAEL BROWN M.D.</b> SIGNATURE AUTHENTICATED			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) <b>July 11, 2012</b>		21c. HOUR OF DEATH <b>16:34</b>		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) <b>Steven Michael Brown M.D. 1667 Lucerne Street Suite A Minden, NV 89423</b>					23b. LICENSE NUMBER <b>7273</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 12, 2012</b>		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 (e) <b>Lung Cancer</b>					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)					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. CITY OR TOWN STATE		

STATE REGISTRAR



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BK- 0812  
PG- 691

VR2-Rev-20120523a

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CERTIFIED COPY OF VITAL RECORDS

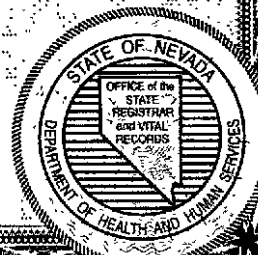
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

07/12/2012

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

ESCROW NO.: 020709134

Lot 527, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512.

Assessors Parcel No. 1220-21-610-178

BK- 0812  
PG- 692  
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COPY

REQUESTED BY  
**Stewart Title of Douglas County**  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

2002 DEC 30 AM 10:37

LINDA SLATER  
RECORDER

\$15.00 PAID *kg* DEPUTY

0562315  
BK1202PG13100