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09/19/2012 11:35 AM

APN: 1420-07-411-015

OFFICIAL RECORDS

Requested By:
Margaret Anderson

MAIL RECORDED DOCUMENT TO:

Margaret Anderson
PO Box 1261
Carson City, NV 89702

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
Bk: 0912 Pg: 4278



Deputy: sg

MAIL TAX STATEMENT TO:

Margaret Anderson
PO Box 1261
Carson City, NV 89702

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
CARSON CITY)

MARGARET ANDERSON hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is one of the grantees named in the Grant Deed, dated May 20, 2008, recorded as Document No. 0723941, Book 0508, Page 6491, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 3448 Tourmaline, Carson City, County of Douglas, State of Nevada, and more particularly described as:

Lot 1, Unit 1, of Ridgeview Estates Subdivision, filed in the Office of the Recorder of Douglas County, Nevada on December 27, 1972.

2. VERL ANDERSON, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 14th day of April, 2010, in Douglas County, State of Nevada.

3. VERL ANDERSON and Affiant purchased the above described property as joint tenants with right of survivorship.

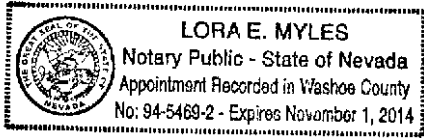
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

Dated this 18 day of September, 2012.



Margaret Anderson

Subscribed and Sworn to before me
this 18 day of September, 2012,
by Margaret Anderson.



Lora E. Myles

Notary Public

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010005687
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) Verl ANDERSON		2. DATE OF DEATH (Mo/Day/Year) April 14, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3448 Tourmaline Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 31, 1918		9a. STATE OF BIRTH (If not U.S.A. name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Margaret CRANE	
13. SOCIAL SECURITY NUMBER 7238		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Welder		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3448 Tourmaline Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		14c. Ever in US Armed Forces? Yes	
16. FATHER - NAME (First, Middle Last Suffix) Chris ANDERSON			17. MOTHER - NAME (First Middle Last Suffix) Caroline JENSEN		
18a. INFORMANT - NAME (Type or Print) Peggy SMITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3448 Tourmaline Drive Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3845 Fairview Dr Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title) CHRISTOPHER FORMAN M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 19, 2010		21c. HOUR OF DEATH 10:30		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	
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) Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV 89706				23b. LICENSE NUMBER 5528	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 21, 2010		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) Chronic Heart Failure				Interval between onset and death Years	
(b) Coronary Artery Disease				Interval between onset and death Years	
(c) Aortic Stenosis				Interval between onset and death Years	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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



BK : 09 12
PG : 4280
09/19/2012 11:35 AM

VRS-Rev-20090802

327430 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: **04/21/2010**

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

PRNCO (Rev) 1/10K

R. D. White
SIGNATURE AUTHENTICATED

