

**OFFICIAL RECORDS**  
Requested By  
**Margaret Anderson**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00

Bk: 0912 Pg: 4283



Deputy: ss

APN: 1420-07-411-016

**MAIL RECORDED DOCUMENT TO:**

Margaret Anderson

PO Box 1261

Carson City, NV 89702

**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. 0723943, Book 0508, Page 6495, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 3451 Basalt, Carson City, County of Douglas, State of Nevada, and more particularly described as:

*Lot 2 of Ridgeview Estates, according to the map thereof filed in the Office of the Recorder of Douglas County, Nevada, on December 12, 1972 as File No. 63503, Book of Maps 1972, Page 690.*

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.

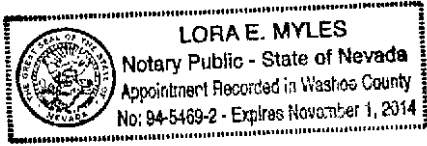
3. VERL ANDERSON and Affiant purchased the above described property as joint tenants with right of survivorship.


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.



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

COPIES

# 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   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Verl ANDERSON</b>  |   | 2. DATE OF DEATH (Mo/Day/Year)<br><b>April 14, 2010</b>   |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Carson City</b>  |   | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number)<br><b>3448 Toumaline Drive</b>   |   | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b>                             |  |
| DECEDENT   | 5. RACE - White (Specify)   |   | 6. Hispanic Origin? Specify No - Non-Hispanic   |   | 7a. AGE-Last birthday (Years)<br><b>91</b>  |  |
|  | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS   |   | 7c. UNDER 1 DAY<br>HOURS   MINS   |   | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>October 31, 1918</b>   |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 9a. STATE OF BIRTH (if not U.S.A. name country)<br><b>Utah</b>  |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   | 10. EDUCATION<br><b>11</b>  |  |
|  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |   | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Margaret CRANE</b>   |   |   |  |
| PARENTS  | 13. SOCIAL SECURITY NUMBER<br><b>7238</b>   |   | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Welder</b>  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>  |  |
|  | 15a. RESIDENCE - STATE<br><b>Nevada</b>   |   | 15b. COUNTY<br><b>Douglas</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Carson City</b>   |  |
| DISPOSITION  | 15d. STREET AND NUMBER<br><b>3448 Toumaline Drive</b>   |   | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   |   |  |
|  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Chris ANDERSON</b>  |   |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Caroline JENSEN</b> |   |  |
| TRADE CALL   | 18a. INFORMANT - NAME (Type or Print)<br><b>Peggy SMITH</b>   |   | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>3448 Toumaline Drive Carson City, Nevada 89705</b>                                       |   |   |  |
|  | 18a. 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>   |  |
| CERTIFIER  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JAMES SMOLENSKI</b><br>SIGNATURE AUTHENTICATED   |   | 20b. FUNERAL DIRECTOR LICENSE<br><b>217</b>   |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Fitzhenrys Funeral Home</b><br>3945 Fairview Dr Carson City NV 89701  |  |
|  | TRADE CALL - NAME AND ADDRESS   |   |   |   |   |  |
| REGISTRAR  | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)<br><b>CHRISTOPHER FORMAN M.D.</b><br>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)<br><b>April 19, 2010</b>   |   | 21c. HOUR OF DEATH<br><b>10:30</b>  |   | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| CAUSE OF DEATH   | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |   | 22c. HOUR OF DEATH  |   | 22d. PRONOUNCED DEAD (Mo/Day/Yr)  |  |
|  | 22e. PRONOUNCED DEAD AT (Hour)  |   |   |   |   |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST   | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Dr Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV 89706</b> |   |   |   | 23b. LICENSE NUMBER<br><b>5528</b>  |  |
|  | 24a. REGISTRAR (Signature)<br><b>CHRISTINA GRIFFITH</b><br>SIGNATURE AUTHENTICATED  |   | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>April 21, 2010</b>  |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| STATE REGISTRAR  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  |   |   |   |   |  |
|  | PART I  |   |   |   | Interval between onset and death  |  |
| CAUSE OF DEATH   | (a) <b>Chronic Heart Failure</b>  |   |   |   | Years   |  |
|  | (b) <b>Coronary Artery Disease</b>  |   |   |   | Interval between onset and death  |  |
|  | (c) <b>Aortic Stenosis</b>  |   |   |   | Years   |  |
|  | (d) <b></b>   |   |   |   | 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)<br><b>No</b>                                  |   |  |
| 28a. ACC, SUICIDE, HOV, 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 : 4285  
09/19/2012 11:37 AM

452473

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:

SEP 19 2012

STATE REGISTRAR

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

