

DOC # 810087  
10/01/2012 03:47PM Deputy: PK  
OFFICIAL RECORD  
Requested By:  
LSI - North  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-1012 PG-373 RPTT: 0.00



**Recording Requested By &  
When Recorded Mail To:**  
LSI Title Company  
5039 Dudley Blvd.  
McClellan, CA 95652

**Mail Tax Statements To:**  
Sharyn C. Denison  
1037 Ranch Drive  
Gardnerville, NV 89460

**Ref. #: 13974143**  
**Assessor's Parcel No.: 1220-09-414-014**

**AFFIDAVIT OF DEATH OF JOINT TENANT**  
(Carl S. Denison, Deceased)

STATE OF NEVADA  
COUNTY OF DOUGLAS

Comes now, SHARYN C. DENISON, Affiant herein, being of lawful age and having been duly sworn upon her oath and does state:

That she was personally well acquainted with CARL S. DENISON, the Decedent herein, having known him for a great many years and further, that Affiants owned certain real property with the Decedent as joint tenants with rights of survivorship, said property being described further as:

Situated in the City of Gardnerville, County of Douglas, State of Nevada bounded and described as follows:

Lot 1, in Block 3, on the Final Map 97-008 of Silveranch Phase 5, filed in the Office of the County Recorder of Douglas County, State of Nevada, on August 30, 1999, in Book 899, Page 5280, as Document No. 475442.

Commonly known as: 1037 Ranch Drive, Gardnerville, NV 89460

Affiant states further that she obtained her interest in the above described property by Grant, Bargain & Sale Deed from SUMMIT HOMES LTD., a Nevada Corporation to CARL S. DENISON and SHARYN C. DENISON, husband and wife, said instrument being dated 1/3/2002 and recorded on 1/10/2002, as Instrument No. 0531957, in Book 0102 on Page 2376, of the land records located in the Office of the County Recorder of the County of Douglas, State of Nevada.



Affiants state further that the Decedent departed this life at Carson Tahoe Regional Medical Center in Carson City, State of Nevada, on or about 4/27/2012 being 67 years of age at the date of death.

These statements are true and correct and are based upon the personal knowledge of Affiant. Further, Affiant sayeth not.

Sworn to and executed this, the 19<sup>th</sup> day of September, 2012,

Sharyn C. Denison  
SHARYN C. DENISON

**STATE OF NEVADA**

County of Douglas to wit:

The foregoing Affidavit of Death was acknowledged before me this 19<sup>th</sup> day of September, 2012, by SHARYN C. DENISON.

My commission expires: 11-08-13



Charlene McDonald  
Notary Public

Charlene McDonald  
Printed name

Prepared By:  
Express Legal Dox, LLC  
5525 110<sup>th</sup> Avenue North, Ste L208  
Pinellas Park, FL 33782

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

2012007045

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>Carl S DENISON</b>	2. DATE OF DEATH (Mo/Day/Year) <b>April 27, 2012</b>	3a. COUNTY OF DEATH <b>Carson City</b>			
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>	3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>	3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	4. SEX <b>Male</b>		
	5. RACE White (Specify) <b>White</b>	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>67</b>	7b. UNDER 1 YEAR MOS:    DAYS:    HOURS:    MINS:	7c. UNDER 1 DAY HOURS:    MINS:	8. DATE OF BIRTH (Mo/Day/Yr) <b>June 20, 1944</b>
	9a. STATE OF BIRTH (if not U.S.A., name country) <b>Indiana</b>	9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>18</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) <b>Sharyn MCMONAGLE</b>	
	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Facility Manager</b>	14b. KIND OF BUSINESS OR INDUSTRY <b>Coal Power Plant</b>	Ever in US Armed Forces? <b>Yes</b>		
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>1037 Ranch Rd</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
	16. FATHER/PARENT -NAME (First Middle Last Suffix) <b>Carl Joseph DENISON</b>		17. MOTHER/PARENT -NAME (First Middle Last Suffix)			
	18a. INFORMANT- NAME (Type or Print) <b>Sharyn DENISON</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1037 Ranch Dr Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>	19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMDLENSKI</b> SIGNATURE AUTHENTICATED	20b. FUNERAL DIRECTOR LICENSE <b>217</b>	20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N 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) SIGNATURE AUTHENTICATED <b>DAVID BAKER MD</b>	21b. DATE SIGNED (Mo/Day/Yr) <b>May 02, 2012</b>		21c. HOUR OF DEATH <b>14:04</b>	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) <b>DAVID BAKER MD, 1470 Medical Pkwy Carson City NV 89706</b>				23b. LICENSE NUMBER <b>11681</b>	
	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 07, 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 (a) <b>Myocardial infarction</b>			Interval between onset and death <b>Immediate</b>		
	(b) DUE TO, OR AS A CONSEQUENCE OF, <b>Coronary Artery Disease</b>			Interval between onset and death		
	(c) DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death		
	(d) DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death		
	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) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	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 1012  
PG-375

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VRS-Rev-20110325

434075

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: 05/07/2012

STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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

