

Doc Number: **0811140**

10/18/2012 03:54 PM

OFFICIAL RECORDS

Requested By:
Warren Talbot

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 1012 Pg: 4862



Deputy. pk

Assessor's Parcel Number: 1420-35-310-028

Recording Requested By:

✓ Name: WARREN TALBOT

Address: 2659 SKYLINE DR.

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax:

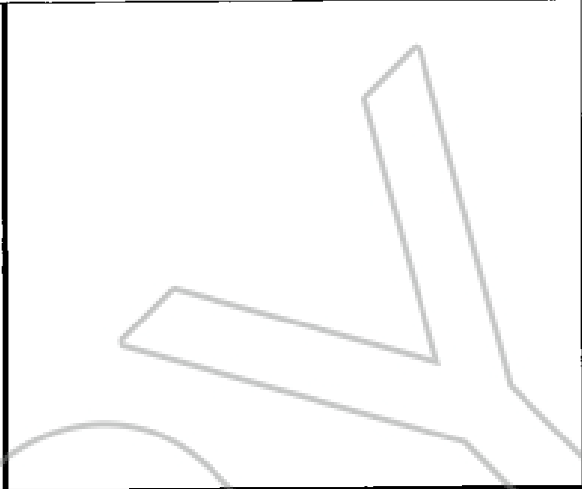
\$ _____

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.

<p>APN: 1420-35-310-028</p> <p>RECORDING REQUESTED BY:</p> <p>Warren Talbot 2659 Skyline Dr. Minden, NV 89423</p> <p><u>AFTER RECORDATION, RETURN BY MAIL TO</u></p> <p>Warren Talbot 2659 Skyline Dr. Minden, NV 89423</p>	
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

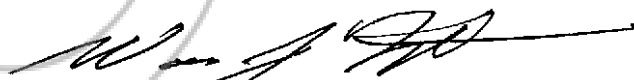
STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

WARREN J. TALBOT, 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 MARION I. TALBOT named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 23, 2004, executed by SYNCON HOMES, a Nevada corporation, to WARREN J. TALBOT (surviving tenant) and MARION I. TALBOT, husband and wife as community property with right of survivorship, and recorded on August 31, 2004, in Book 0804, Page 13942, Document No. 0623106 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 59 in Block E as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book 0501, of Official Records, Page 3298 as Document No. 514006.

Dated: 18 October 2012

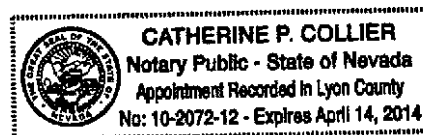


WARREN J. TALBOT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 18 day of October, 2012, by WARREN J. TALBOT, 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

2011001622
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETING
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) Marion I TALBOT		2 DATE OF DEATH (Mo/Day/Year) January 24, 2011		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2659 Skyline Dr		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm Inpatient(Specify) Home	
4 SEX Female		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 69		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) March 04, 1941		9a STATE OF BIRTH (if not U.S.A. name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Warren TALBOT	
13 SOCIAL SECURITY NUMBER 8980		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Human Resources Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Westinghouse	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN, OR LOCATION Minden	
15d. STREET AND NUMBER 2659 Skyline Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) John REID			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Isobel LAWSON		
18a INFORMANT- NAME (Type or Print) Warren TALBOT		18b MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2659 Skyline Dr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) ANTHONY C. FIELD M.D. <i>SIGNATURE AUTHENTICATED</i>			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) February 04, 2011		21c HOUR OF DEATH 03:53		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Field, Anthony C.		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) Anthony C. Field M.D. 412 W John Street Carson City, NV 89703				23b. LICENSE NUMBER 3339	
24a REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 09, 2011		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) Progressive Dementia				Interval between onset and death Years	
(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) 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 I. Complete Heart Block, Permanent Pacemaker				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 : 10 12
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VRS-Rev-20110104

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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: 02/09/2011

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

