

43  
Doc Number: **0813279**

11/21/2012 03:03 PM

OFFICIAL RECORDS

Requested By:  
LINDA F JOHNSON

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 43.00

Bk: 1112 Pg: 5951



Deputy: ke

Assessor's Parcel Number: 1420-18-212-007

Recording Requested By: Linda F. Johnson

Name: Linda Faye Johnson

✓ Address: 9707 Dublin Court

City/State/Zip Stockton, CA 95209

Real Property Transfer Tax: \$ 0.

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

(Title of Document)

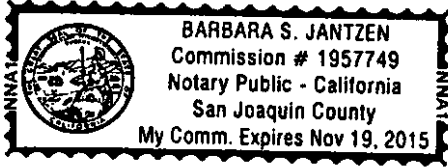
This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*



State of California  
County of San Joaquin

SWORN TO AND SUBSCRIBED before me this the 22nd day of October,  
20 12, by Linda Faye Johnson, proved to me on the  
basis of satisfactory evidence to be the person(~~x~~) who appeared before me.



*Barbara S. Jantzen*

NOTARY PUBLIC

My Commission Expires November 19, 2015

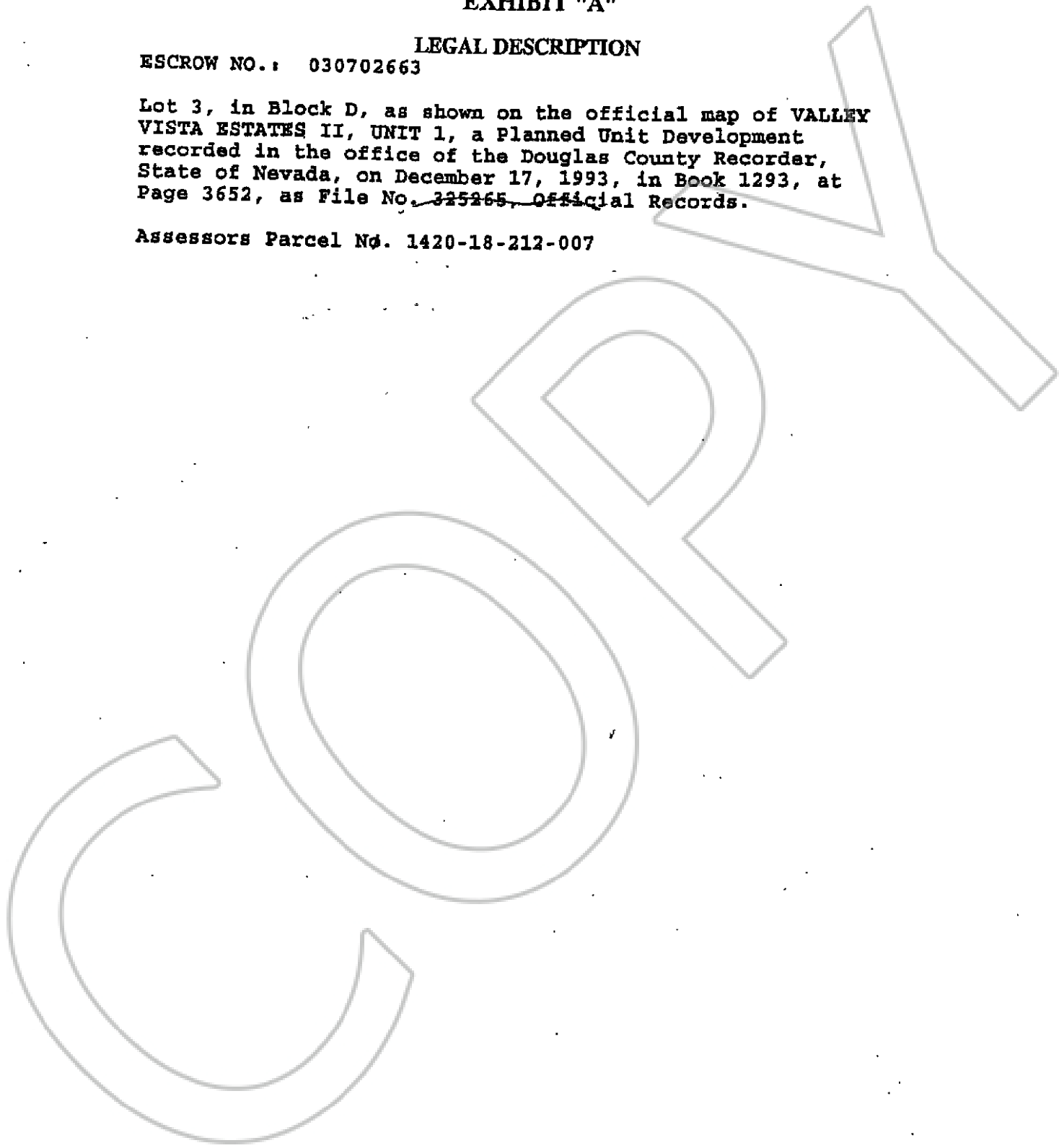
**EXHIBIT "A"**

**LEGAL DESCRIPTION**

**ESCROW NO.: 030702663**

Lot 3, in Block D, as shown on the official map of VALLEY VISTA ESTATES II, UNIT 1, a Planned Unit Development recorded in the office of the Douglas County Recorder, State of Nevada, on December 17, 1993, in Book 1293, at Page 3652, as File No. ~~325265~~, Official Records.

**Assessors Parcel No. 1420-18-212-007**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2012015367**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Melvin Floyd JOHNSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 11, 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>3324 Coloma Dr</b>		3e. If Hosp. or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5 RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>73</b>	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8a. STATE OF BIRTH (If not U.S.A. name country) <b>Michigan</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>		8c. DATE OF BIRTH (Mo/Day/Yr) <b>June 27, 1939</b>	
	9a. STATE OF BIRTH (If not U.S.A. name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		9c. EDUCATION <b>12</b>	
PARENTS	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married But Separated</b>		11. SURVIVING SPOUSE (If wife, give maiden name)		12. SURVIVING SPOUSE (If wife, give maiden name)	
	13 SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Carpenter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>East Bay Mud</b>	
DISPOSITION	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
	15d. STREET AND NUMBER <b>3324 Coloma Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Bert JOHNSON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ilah TAYLOR</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Shayla SMITH</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3324 Coloma Dr Carson City, Nevada 89705</b>			
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES FRIZZELL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>785</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation, Carson City</b> <b>3094 Research Way, Suite 63 Carson City NV 89708</b>	
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) <b>STEPHEN HAROLD BLOOMFIELD 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>September 26, 2012</b>		21c. HOUR OF DEATH <b>10:21</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)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno, NV 89502</b>		23b. LICENSE NUMBER <b>3741</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 27, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		26. AUTOPSY (Specify Yes or No) <b>No</b>			
PART I	(a) <b>Metastatic Prostate Cancer.</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		Interval between onset and death.	
	(b) <b>Hypertension.</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 1.	(c) <b>Type II Diabetes Mellitus</b>		Interval between onset and death.			
	(d)		Interval between onset and death.			
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		28h. LOCATION CITY OR TOWN		28i. STATE		

STATE REGISTRAR

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BK 1112  
PG 5955

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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:

OCT 03 2012

STATE REGISTRAR

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

