

116

Doc Number: **0821828**

04/16/2013 01:54 PM

OFFICIAL RECORDS

Requested By
V LAVON WISEMAN

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0413 Pg: 4465



Deputy: ar

Assessor's Parcel Number: 1320-33-711-012

Recording Requested By:

✓ Name: V. LAVON WISEMAN

Address: 1453 N. MARION RUSSELL DR.

City/State/Zip GARDNERVILLE, NV 89410

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.

APN: 1320-33-711-012

RECORDING REQUESTED BY:

V. Lavon Wiseman
1453 N. Marion Russell Dr.
Gardnerville, NV 89410

AFTER RECORDATION, RETURN BY MAIL TO:

V. Lavon Wiseman
1453 N. Marion Russell Dr.
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

V. LAVON WISEMAN, 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 SHARON M. WISEMAN named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 2, 2012, executed by KATHY CORBETT to V. LAVON WISEMAN (surviving tenant) and SHARON M. WISEMAN, husband and wife as joint tenants, and recorded on August 10, 2012, in Book 812, Page 2614, Document No. 807304 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

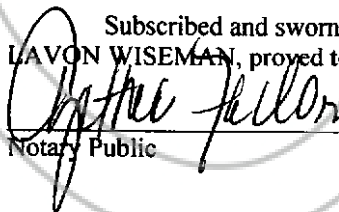
LOT 112, BLOCK F, AS SET FORTH ON FINAL SUBDIVISION MAP FSM-1006 OF CHICHESTER ESTATES PHASE 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 12, 1995, IN BOOK 995 AT PAGE 1407, AS DOCUMENT NO. 370215 AND AMENDED BY CERTIFICATION OF AMENDMENT RECORDED MARCH 5, 1997 IN BOOK 397, PAGE 654 AS DOCUMENT NO. 407852, AND RECORDED JULY 17, 2001 AS DOCUMENT NO. 518480 OF OFFICIAL RECORDS.

Dated: APRIL 16, 2013

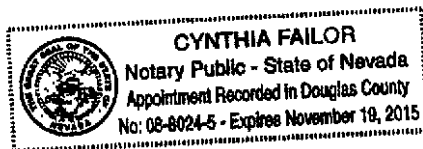


V. LAVON WISEMAN

Subscribed and sworn to (or affirmed) before me on this 16 day of April, 2013, by V. LAVON WISEMAN, 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

2013004878
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) Sharon Merte WISEMAN		2. DATE OF DEATH (Mo/Day/Year) March 15, 2013		3a. COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e. If Hoop or Inst. indicate DOA, OPI/Emer. Rm- Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 13, 1941		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Lavon WISEMAN	
13. SOCIAL SECURITY NUMBER 4941		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) School Cafeteria Manager		14b. KIND OF BUSINESS OR INDUSTRY Schools	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1453 N. Marion Russell		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Fenton Erie WRIGHT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen HUNT		
18a. INFORMANT - NAME (Type or Print) Lavon WISEMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1453 N. Marion Russell Gardnerville, Nevada 89410			
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20d. SIGNATURE AUTHENTICATED					
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) NAUROZ ALI			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) March 21, 2013		21c. HOUR OF DEATH 23:34		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) NAUROZ ALI 1155 Mill St. Reno, NV 89502				23b. LICENSE NUMBER 13285	
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 27, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiogenic shock					
(b) Right ventricular failure of heart					
(c) Etiology unknown					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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) No	
26. 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 0413
PG 4467
4/16/2013

VRS-Rev-20120523a

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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:

This copy is not valid unless engraved border displaying date, seal and signature

STATE REGISTRAR

Rand White
SIGNATURE AUTHENTICATED

