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Doc Number: **0823757**

05/17/2013 08:57 AM

OFFICIAL RECORDS

Requested By
BROOKE SHAW ZUMPF

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0513 Pg: 4453



Deputy: sg

APN: 1320-32-118-002

✓ When Recorded Mail to:
Brooke Shaw Zumpf
P.O. Box 2860
Minden, NV 89423

Mail Tax Statements to:
Catharine Bishop
1552 County Road
Minden, NV 89423

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030*, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

**AFFIDAVIT OF DEATH
(Godfrey M. Bishop, Deceased)**

State of NEVADA)
 : ss.
County of DOUGLAS)

Comes now, CATHARINE D. BISHOP, Affiant herein, being of lawful age and sound mind and having been duly sworn upon her oath does state:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 1552 County Road, Minden, Nevada, was conveyed to Godfrey M. Bishop and Catharine D. Bishop, Trustees of the Godfrey M. Bishop and Catharine D. Bishop Revocable Trust dated February 24, 1999, in that certain Grant, Bargain, & Sale Deed recorded as Instrument No. 0622790, in Book 0804, at Page 12288 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. Godfrey M. Bishop, Trustee of the Godfrey M. Bishop and Catharine D. Bishop Revocable Trust dated February 24, 1999 died on 29 July 2011. A certified copy of Godfrey M. Bishop's death certificate is attached hereto and incorporated herein by reference as *Exhibit A*.

4. I am Godfrey M. Bishop's surviving spouse, and the sole remaining Trustee of the Godfrey M. Bishop and Catharine D. Bishop Revocable Trust dated February 24, 1999 referred to as Grantee in that certain Grant, Bargain & Sale Deed recorded as Instrument No. 0622790, in Book 0804, at Page 12288 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

5. The real property commonly known as 1552 County Road, Minden, Nevada 89423 which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Lot 2, in Block A, as shown on the map of SOUTHEAST ADDITION to the TOWN OF MINDEN, filed in the Office of the County Recorder of Douglas County, Nevada, on November 27, 1961, as Document No. 19150.

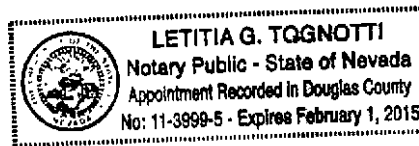
Assessor's Parcel Number 1219-36-002-013

DATED this 14th day of May 2013

Catharine D Bishop
CATHARINE D. BISHOP

SUBSCRIBED and SWORN to before me
this 14th day of May 2013.

Letitia G. Tognotti
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011012223
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Godfrey McDonald BISHOP		2. DATE OF DEATH (Mo/Day/Year) July 29, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) March 04, 1920		9a. STATE OF BIRTH (if not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Catherine MCELROY	
13. SOCIAL SECURITY NUMBER 1689		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Sheet Metal Worker		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1552 County Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James H BISHOP			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna LEFEVER		
18a. INFORMANT- NAME (Type or Print) Catherine BISHOP		18b. MAILING ADDRESS (Street or R.F.D., No., City or Town, State, Zip) 1552 County Road Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens		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 Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) EVAN WAYNE EASLEY 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) August 03, 2011		21c. HOUR OF DEATH 12:50		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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410				23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 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).)				Interval between onset and death	
PART I (a) Extensive Intracranial Hemorrhage				1 Days	
DUE TO, OR AS A CONSEQUENCE OF (b) Probable Embolic Stroke and Anticoagulation				Interval between onset and death 1 Days	
DUE TO, OR AS A CONSEQUENCE OF (c) Atrial Fibrillation and Valvular Heart Disease				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF (d)				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) 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 : 05 13
PG : 4455
5/17/2013

VRS-Rev-20110104

397894

CERTIFIED COPY OF VITAL RECORDS

EXHIBIT "A"

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: 08/09/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

