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Doc Number: **0823912**

05/20/2013 03:10 PM

OFFICIAL RECORDS

Requested By
HOUGHTON JONES

APN: 1420-34-310-029

✓ When Recorded, Please Return To:
Houghton Jones, A.P.C.
777 E. William Street, Suite 107
Carson City, NV 89701

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00
Bk: 0513 Pg: 5243



Deputy ar

Mail Future Tax Statements To:
Ms. Cindy D. Phelps
2655 Gordon Ave.
Minden, NV 89423

AFFIDAVIT OF DEATH

The attached document does contain the social security number of a person as required by NRS 440.380.

Cindy D. Phelps, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

LOT 15, BLOCK 3, AS SHOWN ON THE MAP OF ARTEMISIA RE-SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER APRIL 23, 1962, DOCUMENT NO. 19909, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

was held by Lawrence Edward Phelps and Cindy D. Phelps, Husband and Wife, who acquired joint tenancy by Grant Deed No. 759983 recorded on March 10, 2010.

That Lawrence Edward Phelps passed away on March 9, 2013, as identified in Certificate of Death # 2013004418, issued by the State of Nevada.

That pursuant to the rules of survivorship, Cindy D. Phelps is the survivor and now holds this property as a single women as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

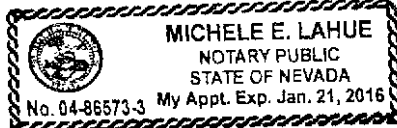
Date: May 20, 2013

Cindy D. Phelps

State of Nevada)
Carson City)

This instrument was signed and sworn to before me on May 20, 2013 by Cindy D. Phelps.

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013004418
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lawrence Edward PHELPS		2. DATE OF DEATH (Mo/Day/Year) March 09, 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 Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		7a. AGE-Last birthday (Years) 74		8. DATE OF BIRTH (Mo/Day/Yr) July 20, 1938	
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Cindy D WHITELEY			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████9027		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Educator		14b. KIND OF BUSINESS OR INDUSTRY High School	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2655 Gordon Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald PHELPS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Myrtle KLEIN		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Cindy D PHELPS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2655 Gordon Ave Minden, Nevada 89423		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		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					
REGISTERAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ELLEN G.I. CLARK M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) March 13, 2013		21c. HOUR OF DEATH 23:47	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) ELLEN G.I. CLARK M.D. SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) March 13, 2013	
CAUSE OF DEATH	22c. HOUR OF DEATH 23:47		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 09, 2013		22e. PRONOUNCED DEAD AT (Hour) 23:47	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520				23b. LICENSE NUMBER 5850	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 20, 2013		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).)					
STATE REGISTRAR	PART I (a) Multiple Blunt Force Injuries				Interval between onset and death	
	(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. Prostate Cancer				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC, SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) March 07, 2013		
28c. HOUR OF INJURY 1751		28d. DESCRIBE HOW INJURY OCCURRED Fall from height				
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 2655 Gordon Ave. Minden Nevada		

STATE REGISTRAR

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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: 04/09/2013

Rnd White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

