

Doc Number: **0824138**

05/24/2013 10:10 AM

OFFICIAL RECORDS

Requested By:  
ROGER COLE

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00  
Bk: 0513 Pg: 6332



Deputy sg

Assessor's Parcel Number: 1319-03-312-006

Recording Requested By:

Name: Roger C. Cole

Address: P.O. Box 898

City/State/Zip Genoa, NV 89411

R.P.T.T.: \_\_\_\_\_

Affidavit of Death  
(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.*

C:\bc docs\Cover page for recording

*Affidavit of Heirship*

STATE OF Nevada  
COUNTY OF Douglas

I, Roger C. Cole, residing at PO Box 898, 2476 Eagle Ridge Road, Genoa, Nevada 89411, being of legal age, depose and say that:

That Mariann Helen Cole, PO Box 898, 2476 Eagle Ridge Road, Genoa, Nevada 89411 died on April 27, 2013 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

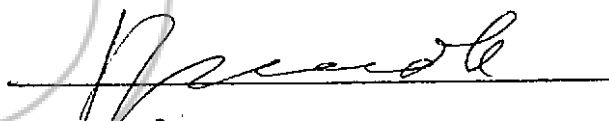
That I am the successor to the estate of the decedent and to the decedent's interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

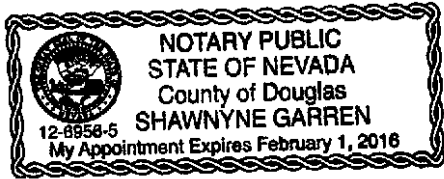
  
ROGER C. COLE

Date 20130524

see attached notary

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This Affidavit was acknowledged before me on this 24<sup>th</sup> day of May, 2013,  
by Roger C. Cole, who, being first duly sworn on oath according to law, deposes and says  
that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated  
herein are true to the best of his/her information, knowledge and belief.



Notary Public Shawnyne Garren

Title (and Rank)

My commission expires 2/1/16

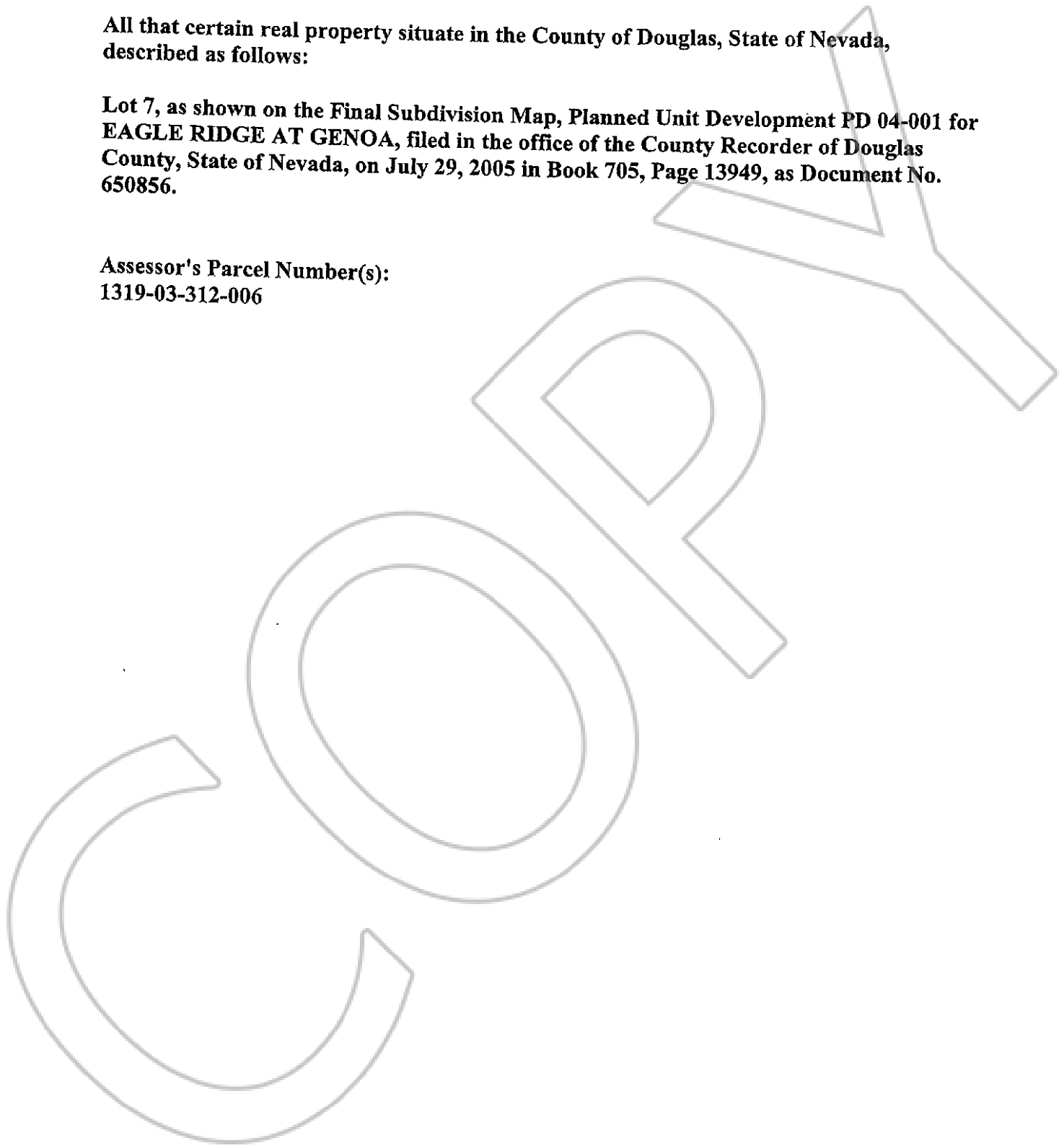
COOPER

**EXHIBIT "A"**

**All that certain real property situate in the County of Douglas, State of Nevada, described as follows:**

**Lot 7, as shown on the Final Subdivision Map, Planned Unit Development PD 04-001 for EAGLE RIDGE AT GENOA, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 29, 2005 in Book 705, Page 13949, as Document No. 650856.**

**Assessor's Parcel Number(s):  
1319-03-312-006**



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

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

2013007812  
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) <b>Marann Helen COLE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 27, 2013</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>Evergreen at CC Health and Rehab Ctr</b>		3e. If Hosp or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Nursing Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>69</b>	
7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 29, 1944</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Roger C COLE</b>		13. SOCIAL SECURITY NUMBER <b>1335</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Property Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Commercial Rentals</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>2476 Eagle Ridge Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		18 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Keliel M EREM</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen G DENZIN</b>		18a. INFORMANT - NAME (Type or Print) <b>Roger C COLE</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2476 Eagle Ridge Road Genoa, Nevada 89411</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>877</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
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>JOSE AGUIRRE MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>May 13, 2013</b>		21c. HOUR OF DEATH <b>04:10</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Aguirre MD - 1600 Medical Parkway Carson City, NV 89703</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23b. LICENSE NUMBER <b>11479</b>		24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 13, 2013</b>	
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) <b>Unknown Etiology</b>			
		Interval between onset and death			
		(b) <b>Multiple Sclerosis</b>			
		Interval between onset and death			
		(c) <b></b>			
		Interval between onset and death			
		(d) <b></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 I.		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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 0513  
PG 6336  
5/24/2013

VRS-Rev-20120523a

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: 05/21/2013

*Rodolfo*  
SIGNATURE AUTHENTICATED

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

