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Doc Number: **0824937**

06/06/2013 03:17 PM

OFFICIAL RECORDS

Requested By
HOUGHTON JONES

APN: 1220-15-110-024

✓ 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: 0613 Pg: 1425



Mail Future Tax Statements To:
Ms. Shirley M. Satterfield
1445 Topaz Lane
Gardnerville, NV 89460

AFFIDAVIT OF DEATH

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

Shirley Satterfield, 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 470, as shown on the map of resubdivision of lots 91-A & B, 92-A & B, 93 through 96 and 221 through 232, Gardnerville Ranchos Unit No. 2, recorded July 10, 1967, in Book 51, Page 222, Document No. 37049 of Official Records of Douglas County, State of Nevada.

was held by James Satterfield and Shirley Satterfield, who acquired joint tenancy by Individual Grant Deed No. 336745 recorded on May 4, 1994.

That James Satterfield passed away on January 19, 2012, as identified in Certificate of Death # 2012001255, issued by the State of Nevada.

That pursuant to the rules of survivorship, Shirley Satterfield is the survivor and now holds this property as a single woman as her sole and separate property.

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

Date: June 5, 2013

Shirley Satterfield

State of Nevada)
Carson City)

This instrument was signed and sworn to before me on June 5, 2013 by Shirley Satterfield.

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012001255
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) James Ralph SATTERFIELD		2. DATE OF DEATH (Mo/Day/Year) January 19, 2012		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) 1445 Topaz Lane		3e If Hosp or Inst. Indicate DOA, OP/Emer. Rm Inpatient(Specify) Home	
4. SEX Male		7a AGE-Last birthday (Years) 58		8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1953	
5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b UNDER 1 YEAR MOS DAYS	
7c UNDER 1 DAY HOURS MINS		10 EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
9a STATE OF BIRTH (if not U.S.A., name country) Florida		9b CITIZEN OF WHAT COUNTRY United States		12. SURVIVING SPOUSE (if wife, give maiden name) Shirley SWICK	
13. SOCIAL SECURITY NUMBER 8043		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Family Services Specialist		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada	
15a. RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1445 Topaz Lane		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clifford Perry SATTERFIELD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marjorie Ann REYNOLDS		
18a INFORMANT - NAME (Type or Print) Shirley SATTERFIELD		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1445 Topaz Lane Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Gardens Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89410	
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 FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) RALPH HERBIG DO <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) January 25, 2012		21c HOUR OF DEATH 17:59		22b. DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Herbig, Ralph		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Ralph Herbig DO 1540 Hwy. 395 N, Ste E Gardnerville, NV. 89410			
23b LICENSE NUMBER 984		24a REGISTRAR (Signature)			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		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) Hypoxic Encephalopathy				Interval between onset and death Minutes	
(b) Cardiopulmonary Arrest				Interval between onset and death Minutes	
(c) Cardiac Dysrhythmia				Interval between onset and death Years	
(d) Pulmonary Hypertension				Interval between onset and death Years	
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	
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 06 13
PG 1426
6/6/2013

VRS-Rev. 20110104

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: **01/31/2012**

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

