

Doc Number: **0825840**

06/21/2013 04:32 PM

OFFICIAL RECORDS

Requested By:
GIL CERRUTI

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0613 Pg: 5866



Deputy sd

Assessor's Parcel Number: *1420-19-101-005*

Recording Requested By:

Name: *GIL CERRUTI*

Address: *3196 WASHOE SPGS RD.*

City/State/Zip *MINDEN NV 89423*

Real Property Transfer Tax: \$

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.

AFFIDAVIT OF DEATH

State of Nevada)
) ss.
County of Douglas)

Anna R. Schommer being first duly sworn, deposes and says that affiant is of legal age and competent to be a witness as to the matters hereinafter stated.

That affiant is Anna R. Schommer the person named as Anna R. Schommer, one of the grantees in that certain deed recorded on 11/28/2001, as Document No. 528645 in Book 1101, Page 08542, of Official Records of Douglas, Nevada in the Office of the County Recorder of Douglas County, Nevada covering the following described real property situated in Douglas County, Nevada:

Parcel B as shown on the Parcel Map for Beverly A. & Fred M. Pedley recorded August 10, 1977, in Book 877, Page 552, Document No. 11823 of Official Records Douglas County, State of Nevada.

That Leo J. Schommer Jr. was one of the grantees named in said deed and was the identical person named as Leo John Schommer, the decedent, in that certain Death Certificate, a copy of which is attached hereto and made a part hereof.

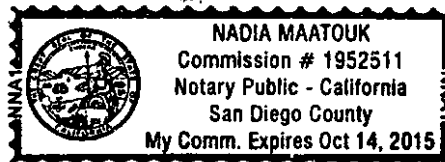
Anna R. Schommer
(SIGNATURE)

Anna R. Schommer

Subscribed and sworn to before me this 19th day of June, 2013 by Anna R. Schommer proved to me on the basis of satisfactory evidence to be the person who appeared before me,

In the City of Vista
State of California
County of San Diego

Nadia Maatouk
Notary Public in and for said County and State



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052013077716

CERTIFICATE OF DEATH

3201337006700

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST, MIDDLE, LAST LEO		2. MIDDLE JOHN	
3. LAST (BIRTH) NAME SCHOMMER		4. DATE OF BIRTH (month/day/year) 12/25/1943	
5. AGE YRS 69		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12. SOCIAL SECURITY NUMBER 7640		12. MARITAL STATUS (SPECIFY IN TYPE OF DEATH) MARRIED	
13. EDUCATION - Highest Level (Specify year and month on back) BACHELOR		16. DECEDENT'S RACE - List to 3 races they be using (see worksheet on back) CAUCASIAN	
14. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED TEACHER		15. YEARS IN OCCUPATION 12	
20. DECEDENT'S RESIDENCE (Street and number, if other) 29880 ROBBIE LANE			
21. CITY VISTA		23. ZIP CODE 92084	
22. COUNTY/PROVINCE SAN DIEGO		24. YEARS IN COUNTY 69	
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S NAME, RELATIONSHIP ANNA SCHOMMER, WIFE	
26. INFORMANT'S NAME, RELATIONSHIP ANNA SCHOMMER, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, if other; include city or town, state and ZIP) 29880 ROBBIE LANE, VISTA, CA 92084	
28. NAME OF SURVIVING SPOUSE (SPOUSE FIRST) ANNA		29. MIDDLE RAE	
30. LAST (BIRTH) NAME DIXON		31. NAME OF FATHER/PARENT - FIRST LEO	
32. MIDDLE JOHN		33. LAST SCHOMMER	
34. BIRTH STATE WI		35. NAME OF MOTHER/PARENT - FIRST MARY	
36. MIDDLE ELIZABETH		37. LAST (BIRTH) NAME HENN	
38. BIRTH STATE TN		39. DISPOSITION DATE (month/day/year) 04/19/2013	
40. PLACE OF FINAL DISPOSITION FORT ROSECRANS NATIONAL CEMETERY, CABRILLO MEMORIAL DRIVE, SAN DIEGO, CA 92106		41. TYPE OF DISPOSITION CR/BU	
42. SIGNATURE OF EXEMEMER NOT EMBALMED		43. LICENSE NUMBER FD1921	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. SIGNATURE OF LOCAL REGISTRAR WILMA WOOTEN, MD	
46. LICENSE NUMBER FD1921		47. DATE (month/day/year) 04/19/2013	
101. PLACE OF DEATH TRI CITY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> D.O.A.	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other		104. CITY OCEANSIDE	
105. COUNTY SAN DIEGO		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, if other) 4002 VISTA WAY	
107. CAUSE OF DEATH RESPIRATORY FAILURE		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. PROBABLE INTRACEREBRAL ANEURYSM		110. BLOODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN ORDER OF IMPORTANCE) NONE		112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and code) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED 04/07/2013		116. SIGNATURE AND TITLE OF CERTIFIER ERIC PAKINGAN BARCO M.D.	
117. SIGNATURE AND TITLE OF CERTIFIER ERIC PAKINGAN BARCO M.D.		118. LICENSE NUMBER A92850	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ERIC PAKINGAN BARCO M.D., 4002 VISTA WAY, OCEANSIDE, CA 92056		119. DATE (month/day/year) 04/18/2013	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED 04/07/2013		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE (month/day/year) 04/07/2013		122. HOUR (24 Hour) 1545	
123. PLACE OF INJURY (e.g., home, construction area, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)	
125. LOCATION OF INJURY (street and number, if other, and city and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE (month/day/year)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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PC 0668
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County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED Required fee paid

DATE ISSUED April 30, 2013

Wilma J. Wooten, M.D.
WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE