

Doc Number: **0827401**

07/19/2013 10:54 AM

OFFICIAL RECORDS

Requested By:
ROWE HALES YTURBIDE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0713 Pg: 4618 RPTT # 5



Deputy ar

APN: 1320-29-410-05

When Recorded Mail To:

ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

James E. Anderson
P.O. Box 2832
Minden, NV 89423

DEATH OF GRANTOR AFFIDAVIT

James E. Anderson, being duly sworn, deposes and says that Verla O. Anderson, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Verla O. Anderson, named as the grantor in the deed recorded on October 30, 2008, in Book 1008, at page 5231, as Document No. 732311, records of Douglas County, Nevada, covering the following described property:

Lots numbered Ten (10), Eleven (11) and Twelve (12) of Block Lettered "D" of the West Addition to said Town of Minden, Douglas County, Nevada, as the same appear on the official map or plat of said West Addition to the Town of Minden on file in the office of the County Recorder of Douglas County, Nevada.

James Anderson is one of the grantees to whom the real property is conveyed, as tenants in common, upon the death of the grantor Verla O. Anderson. The other grantees are:

Karen Benavidez and Lloyd Anderson.

Per NRS 111.312, this legal description was previously recorded at Document No. 732311, Book No. 1008, Page 5231, on October 30, 2008.

Pursuant to NRS 239B.030(4), I affirm that this instrument does contain a social security number and that NRS 111.109 mandates that a true and correct copy of a Death Certificate be recorded with this affidavit.

IN WITNESS WHEREOF, I have hereunto set my hand this 17 day of July, 2013.

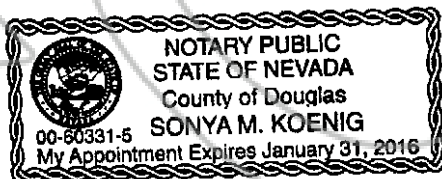
James E. Anderson
James E. Anderson

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 17 day of July, 2013, by James E. Anderson.

WITNESS my hand and official seal.

Sonya M. Koenig
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

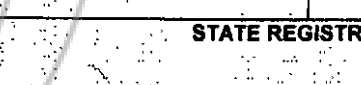
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013010696
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Verla Orvalaine ANDERSON		2. DATE OF DEATH (Mo/Day/Year) June 26, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1640 Mono Ave		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 07, 1923	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Retail	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
ISPOSITION	15d. STREET AND NUMBER 1640 Mono Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Heinrich Christian HELLWINKEL	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frieda SCHEELE		18a. INFORMANT- NAME (Type or Print) James E ANDERSON			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 2832 Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
	19b. CEMETERY OR CREMATORY - NAME Garden Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89410			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	21. To Be Completed by CERTIFYING PHYSICIAN					
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) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED		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) June 27, 2013		21c. HOUR OF DEATH 08:30		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 01, 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))			
PART I		(a) Cerebrovascular Accident		Interval between onset and death		
		(b) Atherosclerosis		Interval between onset and death		
		(c)		Interval between onset and death		
		(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 1.				26. AUTOPSY (Specify Yes or No) No		
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



Page 3 of 3

BK 0713
PG 4620
7/19/2013

VRS-Rev-20120523e

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: **07/02/2013**

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

STATE REGISTRAR
Rud Whitt
SIGNATURE AUTHENTICATED

