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08/08/2013 11:37 AM

OFFICIAL RECORDS

Requested By

BROOKE SHAW ZUMPF

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0813 Pg: 2334



Deputy: pk

APN: 1220-15-610-026

When Recorded Mail to:
T. Scott Brooke, Esq.
Brooke Shaw Zumpft
P.O. Box 2860
Minden, NV 89423

Mail Tax Statements to:
James C. Robeson
917 Dresslerville Road
Gardnerville, NV 89460

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030*, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH
(Nancy L. Robeson, Deceased)

State of NEVADA)
 : ss.
County of DOUGLAS)

Comes now, JAMES C. ROBESON, Affiant herein, being of lawful age and sound mind and having been duly sworn upon his oath does state:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 917 Dresslerville Road, Gardnerville, Nevada 89460, was conveyed to James C. Robeson and Nancy L. Robeson, husband and wife as community property with right of survivorship, in that certain Grant Deed as Instrument No. 319161 in Book 0993 at Page 8738 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. Nancy L. Robeson died on 08 May 2013. A certified copy of Nancy L. Robeson's death certificate is attached hereto and incorporated herein by reference as *Exhibit A*.

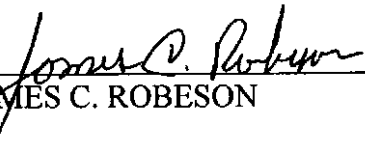
4. I am Nancy L. Robeson's surviving spouse and the survivor referred to as Grantee in that certain Grant Deed recorded as Instrument No. 319161 in Book 0993 at Page 8738 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

5. The real property commonly known as 917 Dresslerville Road, Gardnerville, Nevada 89460, which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Lot 42, as shown on the map of the Official Plat of GARDNERVILLE RANCHOS, filed in the office of the County Recorder of Douglas County, Nevada, on November 30, 1964, in Book 1 of Maps, Page 40, File No. 26665.

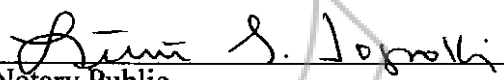
APN: 1220-15-610-026

DATED this 6th day of August 2013


JAMES C. ROBESON

SUBSCRIBED and SWORN to before me
this 6th day of August 2013.




Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013008236
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) Nancy Louise ROBESON		2. DATE OF DEATH (Mo/Day/Year) May 09, 2013		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) 917 Dresslerville Road		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm Inpatient(Specify) Home	
4. SEX Female		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 19, 1939		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 18		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) James Coyner ROBESON	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 917 Dresslerville Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Raymond Henry JAHN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma Evelyn REVAR		18a. INFORMANT- NAME (Type or Print) James Coyner ROBESON		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 917 Dresslerville Road Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 877		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 989 West Moarra Lane Reno NV 89509	
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) JONATHAN MCCALED MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) May 20, 2013		21c. HOUR OF DEATH 01:45	
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)		22b. DATE SIGNED (Mo/Day/Yr)	
				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) Jonathan McCaleb MD 5538 Longley Lane Ste. B Reno, NV 89511				23b. LICENSE NUMBER 14163	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 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) Breast Cancer					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF					
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) No	
27. WAS CASE REFERRED TO CORONER (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

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BK 0813
PG 2336
8/8/2013

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

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

