

DOC # 829729  
08/29/2013 11:33AM Deputy: SG  
OFFICIAL RECORD

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-813 PG-7985 RPTT: 0.00



APN# 1022-11-002-046

**Recording Requested by:**

Name: First American Title Insurance  
Company  
Address: 1663 US Highway 395, Suite 101  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2452991

AFFIDAVIT-TERMINATING JOINT  
TENANCY

(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440.380  
(State specific law)

Suzanne Cheechov Escrow office  
Signature Title

Suzanne Cheechov  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD

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

2011001345  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Georgia Mary PASLAY		2. DATE OF DEATH (Mo/Day/Year) January 23, 2011		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) Carson Valley Medical Center		3e. If Hosp or Inst. indicate DOA, OP, Emer, Rm, Inpatient (Specify) Inpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 05, 1933	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U S A name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Arlis G PASLAY			
PARENTS	13. SOCIAL SECURITY NUMBER 0674		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Office Manager		14b. KIND OF BUSINESS OR INDUSTRY Carpenter's Union	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
SPOUSION	15d. STREET AND NUMBER 4120 Red Canyon Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) George C DAVIS		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Susie AMARAL			
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Arlis G PASLAY		18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) 4120 Red Canyon Ave, Wellington, Nevada 89444			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY, OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89706	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rood Carson City NV 89706	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) DAVID BROCK DO SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) January 27, 2011		21c. HOUR OF DEATH 18:45		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) DAVID BROCK DO		22b. DATE SIGNED (Mo/Day/Yr) 1/27/11		22c. HOUR OF DEATH 18:45	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Physician DAVID BROCK DO 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER 1347		24c. DEATH DUE TO COMMUNICABLE DISEASE January 31, 2011 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 2011			
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE - STATE THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Respiratory Failure		Interval between onset and death			
	(b) DUE TO, OR AS A CONSEQUENCE OF Pulmonary Edema		Interval between onset and death			
STATE REGISTRAR	(c) DUE TO, OR AS A CONSEQUENCE OF Hypertensive Emergency		Interval between onset and death			
	(d) DUE TO, OR AS A CONSEQUENCE OF Etiology Unknown		Interval between onset and death			
26a. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		26g. LOCATION - STREET OR R.F.D. No - CITY OR TOWN - STATE		
26d. DESCRIBE HOW INJURY OCCURRED						

STATE REGISTRAR



BK 813  
PG-7987

829729 Page: 3 of 3 08/29/2013

VRS-Rev-20120523a

494253

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: AUG 20 2013

Rod Whitey  
STATE REGISTRAR

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

