

Doc Number: **0829899**

08/30/2013 02:19 PM

OFFICIAL RECORDS

Requested By
FRANCES BURNS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0813 Pg: 8731



Deputy sd

APN# ~~21-222-16-T~~ 1420-34-810-021

RECORDING BY:

✓ NAME: FRANCES R. BURNS

ADDRESS: 2635 WADE RT. 3

CITY / STATE / ZIP: MINDEN, NV 89423

AFFIDAVIT OF DEATH

(Title of Document)

Please complete the cover page, check one of the following and sign below.

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law: _____
(Law)

FRANCES R. BURNS OWNER
PRINT NAME TITLE

Francis Burns
SIGNATURE

This page is added to provide additional information required by NRS 111.312 Section 1-2.
(Additional recording fees applies)

This cover page must be typed or printed.

APN # 21-222-16-1
WHEN RECORDED MAIL TO:
MAIL TAX STATEMENTS TO:
Frances R. Burns
2635 Wade Rt. 3
Minden, NV 89423

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

Frances R. Burns, of legal age, being duly sworn, deposes and says:

That she is the surviving wife of Michael E. Burns. That Michael E. Burns, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Michael E. Burns named as one of the parties in that certain Grant, Bargain, Sale Deed dated April 7, 1986, executed by Richard A. Marner and Lynn Marner, Husband and Wife to Michael E. Burns and Frances R. Burns, Husband and Wife as Joint Tenants with rights of survivorship, recorded as Instrument No. 33165 of Official Records of Douglas County, Nevada, covering the following described property situated in the Town of Minden, Douglas County, Nevada:

Lot 69, as shown on the map of SIERRA VIEW SUBDIVISION, filed in the office of the County Recorder on April 18, 1960, under File no. 15897.

APN# 21-222-16-1 Commonly known as: 2635 Wade Rt. 3

That Michael E. Burns died on August 18, 2013, in Douglas County, Nevada.

DATED: 8-30-13

Frances Burns
FRANCES R. BURNS

VERIFICATION

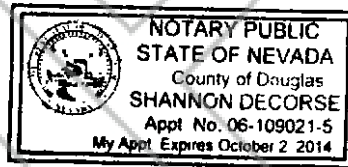
I, Frances R. Burns, the undersigned, say: I am the Surviving Tenant, the Declarant of the foregoing Affidavit; that I have read the foregoing and know the contents thereof; the same is true of my own knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed on Aug. 30 2013.

Frances Burns
FRANCES R. BURNS

SUBSCRIBED AND SWORN to
before me this 30 day
of August 2013.

Shannon Decorse
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013013855
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT SLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Michael Eugene BURNS			2. DATE OF DEATH (Mo/Day/Year) August 18, 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) 2635 Wade St.		3e. If Hosp or Inst. indicates DOA, OP, Emer. Rm (Inpatient)(Specify) Home		4. SEX Male
5. RACE White	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 62	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	7d. UNDER 1 DAY MIN	8. DATE OF BIRTH (Mo/Day/Yr) January 05, 1951
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Frances HAMBY
13. SOCIAL SECURITY NUMBER 4049		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Merchandiser		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2635 Wade St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Hugh BURNS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances Catherine MILLAR			
18a. INFORMANT - NAME (Type or Print) Frances BURNS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2635 Wade St. Minden, Nevada 89423				
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		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 623	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JORGE HERNAN PEREZ-CARDONA M.D.						
21b. DATE SIGNED (Mo/Day/Yr) August 21, 2013		21c. HOUR OF DEATH 11:15		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)			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jorge Hernan Perez-Cardona M.D. 1000 N. Division Street #104 Carson City, NV 89703			23b. LICENSE NUMBER 10108			
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 23, 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) Tongue Cancer with Metastases						
DUE TO, OR AS A CONSEQUENCE OF						
(b) DUE TO, OR AS A CONSEQUENCE OF						
(c) DUE TO, OR AS A CONSEQUENCE OF						
(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 1						
26. ACC. SUICIDE, HGM, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
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	
27. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

0829899 Page 4 of 4

BK : 08 13
PG : 8734
8/30/2013

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: **08/26/2013**

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

R. D. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

