

Doc Number: **0831767**

10/07/2013 01:14 PM

OFFICIAL RECORDS

Requested By  
**NELLE WILCOXSON**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00

Bk: 1013 Pg: 1557



Deputy sg

APN: 1420-07-110-004

Recording requested by and mail documents and tax statements to:

Name Nelle D. Wilcoxson

Address: 3597 Green Acres Dr

City/State/Zip: Carson City, NV, 89705

AFF111

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www.nevadalegalforms.com

## AFFIDAVIT-TERMINATION OF JOINT TENANT

### Death of a Joint Tenant

I, Nelle D. Wilcoxson

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Miriam Cartwright

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

Miriam Cartwright

named as one of the parties in that certain (type of deed) Grant, Bargain, Sale Deed

dated on the 18 day of April, 2003, and executed by

Kent Cartwright

known as Grantor(s), to Kent Cartwright, Nelle D. Wilcoxson And Edward Cartwright

known as Grantees, as joint tenants, and recorded as instrument number 0574070

on the 18 day of April, 2003 in Book 0403, Page 09346 of Official Records

of Douglas County, Nevada, covering the following described property situated

in the City of Carson, County of Douglas, State of Nevada.

(Set forth legal description and commonly known address)

3597 Green Acres Dr, Carson City, NV, 89705  
Lot 4 of Valley View Subdivision, as  
shown on the map thereof, filed in  
the office of the County Recorder  
of Douglas County, Nevada on  
November 12, 1958, under File No. 13793.

In Witness Whereof, I have hereunto set my hand this 3 day of October, 20 13.

Nelle D. Wilcoxson  
Signature

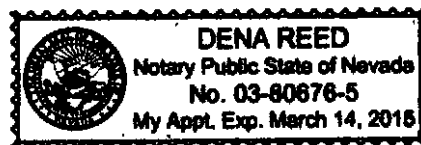
Nelle D. Wilcoxson  
Print or type name here

STATE OF NV )  
COUNTY OF Douglas )

On this 3 day of October, 20 13, personally appeared before me, a Notary Public,  
Nelle D. Wilcoxson

personally known to me OR  proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Dena Reed  
Notary Public  
My commission expires: 3-14-15  
Consult an attorney if you doubt this forms fitness for your purpose.



**CERTIFICATION OF DEATH RECORD**  
**SPRINGFIELD CITY CLERK**  
**SPRINGFIELD, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0039785

DATE ISSUED 8/25/2013

DECEDENT'S LEGAL NAME MIRIAM F CARTWRIGHT			SEX FEMALE	DATE OF DEATH MAY 25, 2012
COUNTY OF DEATH SANGAMON	AGE AT LAST BIRTHDAY 93 YEARS	DATE OF BIRTH JULY 27, 1918		
CITY OR TOWN SPRINGFIELD	HOSPITAL OR OTHER INSTITUTION NAME MEMORIAL MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE NEW BERLIN, IL	SOCIAL SECURITY NUMBER [REDACTED]-2473	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EDWARD CARTWRIGHT	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 717 OSBURN AVENUE	APT. NO.	CITY OR TOWN SPRINGFIELD	INSIDE CITY LIMITS? YES	
COUNTY SANGAMON	STATE IL	ZIP CODE 62702	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN W FOUTCH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDNA RIEF
INFORMANT'S NAME EDWARD CARTWRIGHT	RELATIONSHIP SPOUSE	MAILING ADDRESS 717 OSBURN AVENUE, SPRINGFIELD, IL, 62702		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION BISCH AND SON CREMATORY	LOCATION - CITY OR TOWN AND STATE SPRINGFIELD, IL	DATE OF DISPOSITION MAY 30, 2012	
FUNERAL HOME BISCH & SON FUNERAL HOME, 505 EAST ALLEN, SPRINGFIELD, IL, 62703				
FUNERAL DIRECTOR'S NAME JAMES T WILLIAMSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014879	
LOCAL REGISTRAR'S NAME CECILIA K TUMULTY			DATE FILED WITH LOCAL REGISTRAR MAY 30, 2012	
<b>CAUSE OF DEATH</b> PART I. CEREBROVASCULAR ACCIDENT				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	_____		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  12 DAYS
	b.	Due to (or as a consequence of): _____		
	c.	Due to (or as a consequence of): _____		
Due to (or as a consequence of): _____				
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY.
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 24, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 06:25 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 29, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. MICHAEL NENABER, 2801 MATHERS ROAD, SPRINGFIELD, ILLINOIS, 62711				PHYSICIAN'S LICENSE NUMBER 036054063

BK : 1013  
 PG : 1559  
 10/7/2013  
 0831767 Page : 3 of 3

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*Cecilia K Tumulty*  
 CECILIA K TUMULTY  
 SPRINGFIELD CITY CLERK

