

APN: 1318-23-410-008

Recording Requested By:

✓ Charles B. Woodman, Esq.
The Law Offices of Charles B. Woodman
548 W. Plumb Lane, Suite B
Reno, Nevada 89509

When Recorded Mail To:

Mail Tax Statements to:

Lois Mathews
PO Box 62003
Boulder City, Nevada 89006

Doc Number: **0832170**

10/17/2013 09:53 AM

OFFICIAL RECORDS

Requested By
SUSAN WHITENACK

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 1013 Pg: 3399



Deputy: pk

AFFIDAVIT OF DEATH OF JOINT TENANT

I, the undersigned, hereby affirms that the attached document, including any exhibits, hereby submitted for recording contains personal information as required by law (Per NRS 440.380(1)(A) and NRS 40.525(5) - Affidavit of Death)

SUSAN WHITENACK

MAIL TAX STATEMENTS TO:
WHEN RECORDED RETURN TO:

Lois Mathews
PO Box 62003
Boulder City, Nevada 89006

APN: 1318-23-410-008

AFFIDAVIT OF DEATH OF JOINT TENANT

Susan Whitenack, being of legal age and sound mind, being first duly sworn, deposes and says:

That Frank Douglas Mathews, identified in the attached certified copy of Certificate of Death, is the same person as Frank D. Mathews, named as Joint Tenant in that certain "Grant, Bargain, Sale Deed" (APN 1318-23-410-008) dated November 01, 2002, said Deed having been recorded on November 01, 2002, as Document No. 556549, Official Records of Douglas County, State of Nevada, and affecting the following land:

Lot 40, as shown on the map of Ponderosa Park Subdivision, filed in the Office of the County Recorder of Douglas County, Nevada, on February 25, 1970, as Document No. 47249. AP#07-162-29-0.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 16TH day of October, 2013.

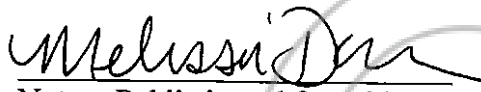


Susan Whitenack

ACKNOWLEDGMENT

STATE OF NEVADA)
 :SS.
COUNTY OF WASHOE)

On the 16TH day of October, 2013, personally appeared before me, a Notary Public, the persons known by me or proved by competent evidence to be Susan Whitenack, who acknowledged to me that she executed the foregoing AFFIDAVIT OF DEATH OF JOINT TENANT and that she did so freely, voluntarily and for the uses and purposes therein described.



Notary Public in and for said
County and State

 MELISSA A. DAVIS
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 12-7095-2 - Expires February 17, 2016

**STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH—VITAL STATISTICS**

CERTIFICATE OF DEATH

2013011959
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) Frank Douglas MATHEWS			2 DATE OF DEATH (Mo/Day/Year) July 19, 2013		3a. COUNTY OF DEATH Clark	
3b CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Nathan Adelson Hospice		3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Hospice Facility (HFS)		4 SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 88		7b UNDER 1 YEAR MOS: DAYS: HOURS: MINS:
7c UNDER 1 DAY		8 DATE OF BIRTH (Mo/Day/Yr) September 27, 1924				
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) Lois Ann BATES		13. SOCIAL SECURITY NUMBER 9539		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 Clark		15c CITY, TOWN OR LOCATION Boulder City		15d STREET AND NUMBER 513 Shoshone Way
15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Leon McKinley MATHEWS				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene BURTON
18a INFORMANT - NAME (Type or Print) Lois Ann MATHEWS		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 62003 Boulder City, Nevada 89006				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Boulder City Cemetery		19c LOCATION City or Town State Boulder City Nevada 89005		
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TYSON SMITH		20b. FUNERAL DIRECTOR LICENSE 707		20c NAME AND ADDRESS OF FACILITY Boulder City Family Mortuary 833 Nevada Hwy #1 Boulder City NV 89005		
20a. SIGNATURE AUTHENTICATED						
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) WARREN WHEELER M.D.			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) July 22, 2013		21c. HOUR OF DEATH 10:40		22b. DATE SIGNED (Mo/Day/Yr)		
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) Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119				
23b. LICENSE NUMBER 11795		24a. REGISTRAR (Signature) NINETTE HARRINGTON		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 22, 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)) BRONCHOGENIC CARCINOMA				
25a. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
25b. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
25c. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
25d. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
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		
26. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. HOUR OF INJURY		
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D No CITY OR TOWN STATE				

STATE REGISTRAR


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 PG : 3402
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"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.
Registrar of Vital Statistics
By: *JM*

Date Issued: **SEP 24 2013**