

17

Doc Number: **0837518**

01/30/2014 02:37 PM

OFFICIAL RECORDS

Requested By  
**FRANCES O. ELISARRARAS**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0114 Pg: 4985



Deputy: sg

**AFFIDAVIT OF SURVIVING JOINT TENANT**

RECORDING REQUESTED BY:

Name: FRANCES O. ELISARRARAS, Executrix the  
Estate of RONALD L. HUMMER, SR.

WHEN RECORDED MAIL TO:

Name: FRANCES O. ELISARRARAS  
3704 Ballman Way  
Wellington, NV 89444



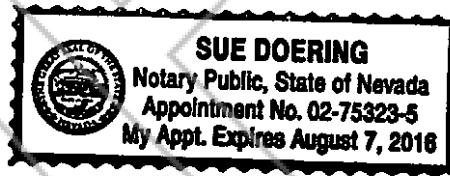
5. As recited in the above-described Certificate of Death, RONALD L. HUMMER, SR. died on the 25<sup>TH</sup> day of November, 2013, in Douglas County, Gardnerville, Nevada.

DATED this 23 day of January, 2014.

*Frances O. Elisarraras*  
FRANCES O. ELISARRARAS

SUBSCRIBED and SWORN to before me  
this 23 day of January, 2014.

*Sue Doering*  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2013020208**  
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) <b>Ronald Louis HUMMER SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 25, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Valley Medical Center</b>		3d. If Hosp or Inst. Indicate DOA, OPI/Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>85</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 31, 1928</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>1198</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>IT Tech</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Computers</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>3810 Pebble Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT - NAME (Type or Print) <b>Frances ELISARRARAS</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3704 Ballman Way Wellington, Nevada 89444</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>380 Highway 395 N Gardnerville NV 89410</b>	
21. 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) <b>GARRETT DONALD SCHWARTZ M.D.</b> SIGNATURE AUTHENTICATED			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) <b>December 05, 2013</b>		21c. HOUR OF DEATH <b>23:25</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410</b>				23b. LICENSE NUMBER <b>9086</b>	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 16, 2013</b>		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				Interval between onset and death	
(a) <b>Renal Failure</b>				<b>Unknown</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Pneumonia</b>				Interval between onset and death <b>Unknown</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Sepsis Syndrome</b>				Interval between onset and death <b>Unknown</b>	
(d) DUE TO, OR AS A CONSEQUENCE OF: <b>Etiology Unknown</b>				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.				28. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOMICIDE, 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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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BK 0114  
PG 4988  
1/30/2014

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: **12/20/2013**

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

