

Doc Number: **0839002**

03/03/2014 03:29 PM

OFFICIAL RECORDS

Requested By:

A + PARALEGALS INC

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00

Bk: 0314 Pg: 128



Deputy: sg

FOR RECORDER'S USE ONLY

APN: 1220-03-112-027

APN: _____

APN: _____

AFFIDAVIT OF DEATH OF JOINT TENANT

TITLE OF DOCUMENT

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

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of any person or persons as required by law.

NRS 440.380(1)(a) and NRS 40.525(5)

Lillian B. Burkett

Lillian B. Burkett

WHEN RECORDED MAIL TO:

Lillian B. Burkett

1368 Stodick Lane

Gardnerville, NV 89460

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES CONTAIN A
SOCIAL SECURITY NUMBER.

APN: 1220-03-112-027

WHEN RECORDED MAIL TO:
Lillian B. Burkett
1368 Stodick Lane
GARDNERVILLE, NEVADA 89460

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

LILLIAN B. BURKETT being first duly sworn, deposes and says:

1. ROY A. BURKETT died on May 28, 2009, and a certified copy of his Death Certificate is attached hereto.
2. That at the date of death, the said ROY A. BURKETT was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

LOT 7 OF BLOCK B AS SHOWN ON THE MAP ENTITLED
STODICK ESTATES SOUTH, PHASE 3, IN THE COUNTY OF
DOUGLAS, STATE OF NEVADA, FILED DECEMBER 22, 2005 IN
THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY AS
DOCUMENT NO. 664013 AND AS AMENDED BY THAT CERTAIN
CERTIFICATE OF AMENDMENT RECORDED MAY 21, 2007 IN
BOOK 0507, PAGE 6752, AS DOCUMENT NO. 701493 OF OFFICIAL
RECORDS.

3. That said joint tenancy was created by a Deed dated May 30, 2007, recorded on June 29, 2007 as Document No. 0704064, in the Douglas County Recorder's Office.
4. That upon the death of ROY A. BURKETT, the Affiant became the sole owner of the above described property as her sole and separate property.

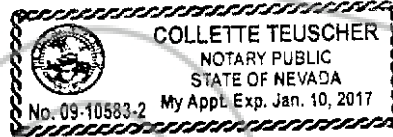
Lillian B Burkett
Signature, LILLIAN B. BURKETT

-LOOSE CERTIFICATE ATTACHED-

STATE OF NEVADA)
DOUGLAS COUNTY)

Subscribed and Sworn to me on February 27, 2014, by LILLIAN B. BURKETT who personally appeared before me, a Notary Public, and executed the above document.

Collette Teuscher
NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF JOINT TENANT
DATED February 27, 2014

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009007992
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Roy A BURKETT		2. DATE OF DEATH (Mo/Day/Year) May 28, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		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) February 10, 1932		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lillian SPURLOCK	
13. SOCIAL SECURITY NUMBER 8946		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Traffic Manager		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1368 Stodick Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Roy H BURKETT	
17. MOTHER - NAME (First Middle Last Suffix) Lois G ALLEN		18a. INFORMANT - NAME (Type or Print) Lillian BURKETT		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1368 Stodick Lane Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV, 89410	
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) CARL FERNAND JUNEAU M.D. <i>SIGNATURE AUTHENTICATED</i>			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) June 02, 2009		21c. HOUR OF DEATH 12:22		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) Carl, Fernand Juneau M.D. Reno Heart Physicians Carson City, NV, 897061681				23b. LICENSE NUMBER 8494	
24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2009		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).)				Interval between onset and death	
PART I (a) Congestive Heart Failure, Cardiac Asystole				3 Years	
(b) DUE TO, OR AS A CONSEQUENCE OF: Restrictive Cardiomyopathy				Interval between onset and death 5 Years	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II Chronic Atrial Fibrillation, Anticoagulation, Hypertension				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOM., 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 STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

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3/3/20 14

VRS Rev 20080502

275109 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:

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.

PNBCO (Rev) 11/06

R. J. White
SIGNATURE AUTHENTICATED

