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Doc Number: **0849595**

09/18/2014 04:14 PM

OFFICIAL RECORDS

Requested By
JENNIFER HUNTER

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00
Bk: 0914 Pg: 3344 RPTT \$ 390.00



Deputy ss

APN: 1220-116-210-067

✓ WHEN RECORDED MAIL TO:
Jennifer Y. Hunter
1293 Franklin Ln
Gardnerville NV 89460

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA)

COUNTY OF Douglas)

ss

Jennifer Y. Hunter, being duly sworn, deposes and says that Lillian Walsh (~~name of decedent~~), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lillian Walsh, named as the grantor or as one of the grantors in the deed upon death recorded on 05/13/2009, as document or file number 0743042, book 0509, at page 2924, records of Douglas County, Nevada, covering the real property commonly known as 1293 Franklin Ln, city of Gardnerville, county of Douglas, state of Nevada [or located in the county of Douglas, state of Nevada], and more particularly described as:

(Legal Description) See Attached

Jennifer Y. Hunter is the beneficiary, or at least one of the beneficiaries, to whom the real property is conveyed upon the death of the grantor, Lillian Walsh or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are Jennifer Y. Hunter

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

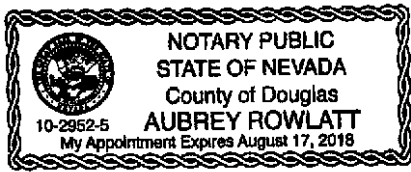
DATE: 09/18/2014

Jennifer Y. Hunter
(Print name of Affiant) Jennifer Hunter

(JURAT)

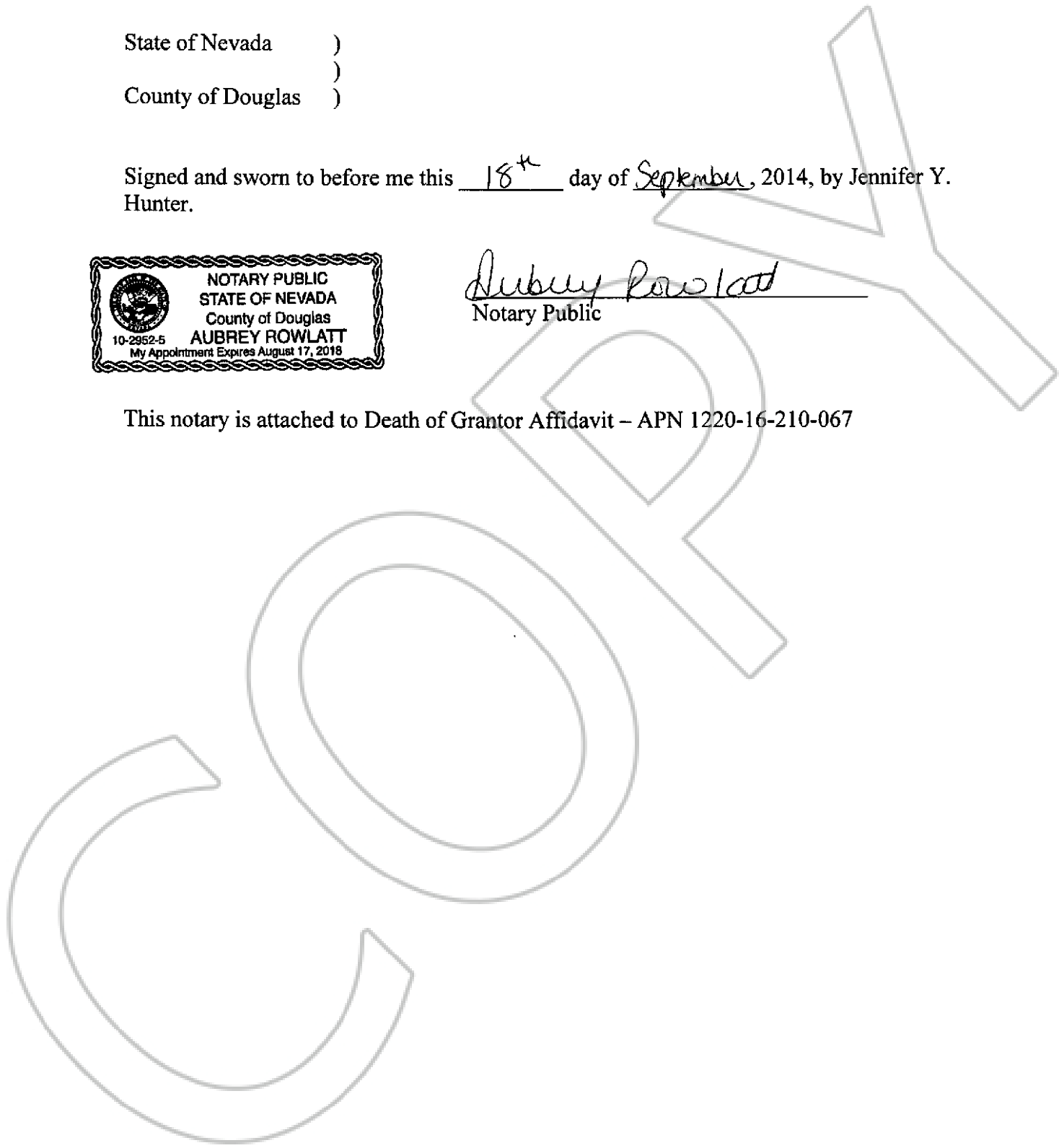
State of Nevada)
)
County of Douglas)

Signed and sworn to before me this 18th day of September, 2014, by Jennifer Y. Hunter.



Aubrey Rowlatt
Notary Public

This notary is attached to Death of Grantor Affidavit – APN 1220-16-210-067



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014013691
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) Lillian H WALSH		2. DATE OF DEATH (Mo/Day/Year) August 10, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Residential Care Facility	
4. SEX Female		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) March 26, 1926		9a. STATE OF BIRTH (if not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 6002		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Hairdresser		14b. KIND OF BUSINESS OR INDUSTRY Business Owner	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1293 Franklin Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Mathew M MARTIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen HAYES		
18a. INFORMANT - NAME (Type or Print) Renee' LANGLEY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 22443 Ennishore Novi, Michigan 48375		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES FRIZZELL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 785		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV 89431	
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 CRAIG RAU M.D.					
21b. DATE SIGNED (Mo/Day/Yr) August 20, 2014		21c. HOUR OF DEATH 11:45		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)				22b. DATE SIGNED (Mo/Day/Yr)	
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) Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703	
23b. LICENSE NUMBER 10991				24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 27, 2014				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) Cardiorespiratory Failure				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF: (b) End Stage Renal Disease				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF: (c) Cause Otherwise Unknown				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d)				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	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				28a. ACC., SUICIDE, HDM., 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

0849595 Page 3 of 4

BK : 09 14
PG : 3346
9/18/2014

VR6-Rev-20120523a

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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: 08/27/2014

R. D. White
SIGNATURE AUTHENTICATED

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

