

APN# : 1220-12-710-038

DOUGLAS COUNTY, NV

2014-854058

Rec:\$17.00

\$17.00 Pgs=4

12/08/2014 11:59 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Sandra L. Chereb

1083 Log Cabin Road

Gardnerville, NV 89410

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature


Traci Adams

Escrow Officer

Affidavit of Death

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT OF DEATH

Sandra Chereb, of legal age, being first duly sworn, deposes and says:

That Mildred M. Chereb, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mildred Mary Chereb named as one of the parties in that certain Executrix's Deed dated 4/29/2010 executed by Mildred Mary Chereb, Executrix of the referenced Estate of Andrew Michael Chereb, deceased to Mildred Mary Chereb, recorded as instrument No. 0762864, on 4/30/2010, in Book 0410, Page 5877, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 17 in Block B, of Phase I, as set forth on the plat of PINENUT MANOR NO. 1 AND 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 16, 1980, as Document No. 45348, in Book 680, Page 1361, Official Records.

Dated

11/25/14

By Sandra Chereb
Sandra Chereb

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on 11/25/14

By Sandra Chereb.

Traci Adams
Notary Public



CERTIFICATION OF VITAL RECORD

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

2014009835
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mildred M. CHEREB		2. DATE OF DEATH (Mo/Day/Year) June 13, 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) 1051 Tenabo Ln		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) January 05, 1924		9a. STATE OF BIRTH (If not U.S.A. name-country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER -1455		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Farmer		14b. KIND OF BUSINESS OR INDUSTRY Agriculture	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1051 Tenabo Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix)	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT- NAME (Type or Print) Sandra CHEREB			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 2885 Minden, Nevada 89423				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF 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)			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) June 20, 2014		21c. HOUR OF DEATH 23:59		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf M.D. 18653 Wedge Pkwy Reno, NV 89511			
	23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 23, 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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF Chronic combined heart failure (b) Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF (c) Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF (d)		Interval between onset and death Interval between onset and death Years Interval between onset and death Interval between onset and death			
STATE REGISTRAR	PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	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

535148 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: 06/24/2014

STATE REGISTRAR
R. D. What
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

