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APN: 1022-09-002-024

RECORDING REQUESTED BY:

Donnie A. Swafford
3645 Boulder Rd.
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Donnie A. Swafford
3645 Boulder Rd.
Wellington, NV 89444



00006889201508559300020027

KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

DONNIE A. SWAFFORD, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DONNA L. SWAFFORD named as one of the parties in that certain Grant, Bargain, Sale Deed dated December 30, 1999, executed by Lynn Enearl, Douglas County Public Administrator to Donnie A. Swafford (surviving tenant) and Donna L. Swafford, as joint tenants, and recorded on January 4, 2000, in Book 0100, at Page 0495, as Instrument No. 0483834 of Official Records of Douglas County, State of Nevada, covering the following described real property in Douglas County, State of Nevada:

Lot 12, in Block M, as shown on the Map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada as Document No. 50212

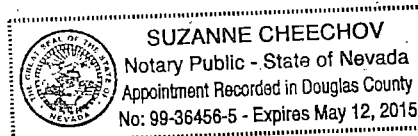
Dated: 1/21/15

Donnie A Swafford
Donnie A. Swafford

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 21st day of Jan, 2015, by Donnie A. Swafford, proved to me on the basis of satisfactory evidence to be the person who appears before me.

Suzanne Cheechov
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014016370
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Donna Lee SWAFFORD		2. DATE OF DEATH (Mo/Day/Year) October 04, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 3645 Boulder Rd		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
DECEDENT	4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE - Last birthday (Years) 68		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) September 03, 1946		9a. STATE OF BIRTH (If not U.S.A. name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donnie A SWAFFORD	
PARENTS	13. SOCIAL SECURITY NUMBER ██████-7232		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Housewife		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 3645 Boulder Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Roland DICKEY	
	17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Lucille MCCUE		18a. INFORMANT - NAME (Type or Print) Lonnie SWAFFORD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5112 Carriage Way, Antioch, California 94531	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION - City or Town - State Ferriley Nevada 89408	
	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	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JORGE HERNAN PEREZ-CARDONA M.D.		21b. DATE SIGNED (Mo/Day/Yr) October 08, 2014		21c. HOUR OF DEATH 10:46	
	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)	
REGISTRAR	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) Jorge Hernan Perez-Cardona M.D. 1460 S Curry St., Ste. 100 Carson City, NV 89703		23b. LICENSE NUMBER 10108		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 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) Breast Cancer DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d)	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 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) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC, SUICIDE, HOMICIDE, UNDETERMINED 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.		28i. CITY OR TOWN		
28j. STATE		28k. ZIP CODE		28l. COUNTY		

STATE REGISTRAR

549397

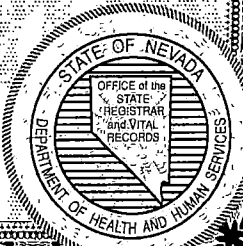
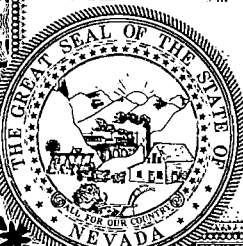
CERTIFIED COPY OF VITAL RECORDS

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: 10/09/2014

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a