DOUGLAS COUNTY, NV

GEORGE M. KEELE

Rec:\$17.00 Total:\$17.00

02/05/2015 12:17 PM

2015-856499

Pgs=4

KAREN ELLISON, RECORDER

APN: 1320-32-712-026

This document contains a Social Security number pursuant to NRS 440.380.

When recorded, mail to: George M. Keele 1692 County Road, #A Minden, NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANTS

STATE OF NEVADA)
	: SS.
COUNTY OF DOUGLAS)

- I. ROBERT H. STORKE, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:
- I am over the age of twenty-one (21) years and competent to be a 1. witness as to the matters hereinafter stated.
- LOIS ELIZABETH STORKE, the decedent mentioned in the 2. attached certified copy of Certificate of Death, is the same person as LOIS E. STORKE named as one of the parties in that certain Individual Grant Deed executed by H. Betty Cox, Trustee of The Carlson Family Trust to LOIS E. STORKE, an unmarried woman and ROBERT H. STORKE AND BARBARA STORKE, husband and wife as joint tenants with right of survivorship, recorded on November 17, 1995, as Document No. 0375166 in Book 1196, Page 3088, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 26, as set forth on the Final Map of MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, In Book 691, Page 337, as Document No. 252075.

Per NRS 111.312, this legal description was previously recorded at Document #0375166 on November 17, 1995.

3. BARBARA A STORKE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BARBARA STORKE named as one of the parties in that certain Individual Grant Deed executed by H. Betty Cox, Trustee of The Carlson Family Trust to LOIS E. STORKE, an unmarried woman and ROBERT H. STORKE AND BARBARA STORKE, husband and wife as joint tenants with right of survivorship, recorded on November 17, 1995, as Document No. 0375166 in Book 1196, Page 3088, of Official Records of Douglas County, Nevada, covering the property situated in the County of Douglas, State of Nevada, as more particularly described in paragraph 2 above.

ROBERT H. STORKE

SIGNED AND SWORN TO (or affirmed) before me on February 2., 2015 by ROBERT H. STORKE.

8, Turner
Notary Public
State Of Novicts
My Commission Expires: 07-29-15
Certificate No: 11-5543-12

Notary Public





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

20	140	06	615

OTYPE OR	<u> </u>	/			STATE FILE N	
- Francia in	1a. DECEASED NAME (FIRST	,MIDDLE,LAST,SUFFIX)		2. DATE OF:DEA	TH (Mo/Day/Year) 3a.	COUNTY OF DEATH
PERMANENT	Lois Elizabeth		STORKE	.,. April '	19, 2014	Washoe
BLACK INK	3b. CITY, TOWN, OR LOCATIO	ON OF DEATH 3c. HOSPITAL O	R OTHER INSTITUTION -Name(if no	t either, give street 3e.lf Ho	sp. or Inst. indicate DOA,O	P/Emer. Rm. 4, SEX
.w 755.50	1000 10	and number)	AV WW 10 MW W	Inpatier	t(Specify)	a awa asawa l
DECEDENT	Reno		t Mary's Regional Medical C		Intensive Care Unit	
	5. RACE White	6. Hispa	anic Origin? Specify 7a. AGE-1	ast 7b. UNDER 1 YE		DATE:OF,BIRTH (Mo/Day/Yr) ::
	(Specify)	No - N	lon-Hispanic birthday (rears) MOS DAYS	HOURS MINS	November 30, 1924
ie Nearla	9a, STATE OF BIRTH (If not U.	S A S OF SHA	T COUNTRY 10, EDUCATION 11. M		MIDOMED 112 SUBVIN	ING SPOUSE (if wife, give
IF DEATH	name country) Californi		ites 14 DIVO	RCED (Specify) Widowed	maiden nan	
INSTITUTION	13 SOCIAL SECURITY NUMB		TION (Give King of Work Done Durin			1
SEE HANDBOOK REGARDING	4096	of Working Life Even	If Retired Homemaker/. Secreta	g MOSI. 140. KIND OF		Ever in US Armed Forces? No
COMPLETION OF RESIDENCE			Homemakeri Secreta	ry: <u>#</u>	Home/ Legal	was will saw a m
TEMS	15a. RESIDENCE - STATE	15b. COUNTY " "	15c, CITY TOWN OR LOCATION	15d. STREET AND NUI	ABER 1	15e. INSIDE CITY
	Nevada	Douglas	Gardnerville	1512 Mill Circle		or No) Yes
	16. FATHER/PARENT NAME	(First Middle Last Suffix)	4.a.l7 17.	MOTHER/PARENT - NAME	(First Middle Last Suffix)	7
PARENTS		Paul KNUDSEN		man to the state of the state o	eresa LOEFFLER	To 1
	18a. INFORMANT-NAME (Typ		18b MAILING ADDRESS (14)			· Na is nair
		t STORKE	WALLING ADDRESS 11	The same of the sa		
		* ******	vide . Aller de	P. O. Box 1103 Yerin		
NODOCITION	1.88		CEMETERY OR CREMATORY - NA		19c LOCATION C	ity or:Town State
ISPOSITION	Burta	31	Garderi Cë	netery	Gardnerv	ille Nevada 89410 🥒 📗
w al	20a. FUNERAL DIRECTOR :- S	IGNATURE (Or:Person Acting as		20c. NAME AND ADDRESS	OĘ ĘACILITY	\
V	CURT	KOESTLER	DIRECTOR LICENSE	Walte	on's Funerals and Cr	emations
	SIGNA	TURE AUTHENTICATED	823.	1521 Ch	urch Street Gardnervill	e:::NV 89410
RADE CALL	TRADE CALL - NAME AND AD	DRESS / # ***	# 2- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		With York and	
	> 2 21a To the hest of my k	nowledge, death occurred at the	time, date and place and	22a On the basis of avaming	ition and/or investigation in	my opinion death occurred at
		ed. (Signature & Title) SIGNAT		the time, date and place and		
		ILEANA DEFTU M.	D			
CERTIFIER	216 DATE SIGNED (MI	o/Day/Yr) 21c. HOUR	OF DEATH	22b. DATE SIGNED (Mo/Da	y/Yr) 22c. HOU	JR OF DEATH / "
***************************************	ပိန္ရွိ April 25, 2014		A 17:45 图 图 2		This produce of the same	· '
	21d NAME OF ATTEN	DING PHYSICIAN IF OTHER THA	N CERTIFIER	22d PRONOUNCED DEAD	(Mo/Day/Yr) 22e PRO	NOUNCED DEAD AT (Hour)
	ப்பட்ட (Type or Print)		, F,8			, withit A
CV:	23a. NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXA	MINER OR CORONER) (Typ)	or Print) 23b.	ICENSE NUMBER
· · · · · · · · · · · · · · · · · · ·			235 West 6th Street Reno, I			12431
	24a. REGISTRAR (Signature)	BRIDGES	24b. DAT	RECEIVED BY REGISTRAF	24c. DEATH DUE T	O COMMUNICABLE DISEASE
REGISTRAR		SIGNATURE AUTHEN		April 28, 2014	YES T] NO [X]
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OF INDICEDIATE OF ICE		PER LINE FOR (a), (b), AND (c).)			<u></u>
CAUSE OF			PER LINE FOR (a), (b), AND (c).)			lerval between onset and death
DEATH	(a)					
		AS A CONSEQUENCE OF:			ing in the second	terval between onset and death
CONDITIONS IF	(b) Pneumo	nia, unknown etiolog	39 () () () () () () () ()	,	A MANA	
GAVE RISE TO		AS A CONSEQUENCE OF	A			terval between onset and death
IMMEDIATE	Hrinary	tract infection			The state of the s	i
STATING THE	5.7 'W W(C) 7. W.	AS A CONSEQUENCE OF:		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000 100 100 100 100 100 100 100 100 10	terval between onset and death
UNDERLYING	Alzheim	er dementia.				ter var between, onser and death.
CAUSE LAST	(a)	The state of the s				
	PART II OTHER SIGNIFICAN	Γ CONDITIONS-Conditions contri	ibuting to death but not resulting in th	ë underlying cause given in P	art 1. 26. AUTOPSY	27. WAS CASE REFERRED TO CORONER (Specify Yes)
			The state of the same		(Specify Yes o	Or No.
	28a. ACC., SUICIDE, HOM., UNDET	28b; DATE OF INJURY (Mo/Day/Yr) [28c. HOUR OF INJURY: [28c	DESCRIBE HOW INJURY OCCU		163
	289, ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)				Iw aka ak .	iwiten ten en l
. '		AL LOOK DI MOE OF INJURIES ALL	1877 148 48 48	- 100471011	AD B B B B B B B B B B B B B B B B B B B	D TOWN
.	28e. INJURY AT WORK (Speci Yes or No)	building, etc. (Specify)	ome, farm, street, factory, office 28	g, LOCATION STREET	OR R.F.D. No. CITY C	R TOWN STATE
wa wa	m who are	(openit)	" " " " " " " " " " " " " " " " " " "	100 100 100 100 100 100 100 100 100 100		
3		NA CONTRACTOR AND	STATE REGIS	TRAR	****	



528612

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:

05/02/2014 DATE ISSUED:

SIGNATURE AUTHENTICATED



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

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2009005269 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Barbara 'STORKE 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street

2. DATE OF DEATH (Mo/Day/Year) April 02, 2009

Inpatient(Specify)

Married

3a. COUNTY OF DEATH Carson City

Carson City DECEDENT 5. RACE White (Specify)

and number)
Carson Tahoe Regional Medical Center 6. Hispanic Origin? Specify No - Non-Hispanic

United States

7a. AGE-Las birthday (Years)

DIVORCED (Specify)

7b. UNDER 1 YEAR 7c. UNDER 1 DAY DAYS HOURS

3e.If Hosp. or Inst. indicate DOA, OP/Emer. Rm.

4. SEX Female 8. DATE OF BIRTH (Mo/Day/Yr

IF DEATH

9a. STATE OF BIRTH (If not U.S.A. name country) Germany OCCURRED IN INSTITUTION SEE HANDBOOK 13. SOCIAL SECURITY NUMBER REGARDING MPLETION OF RESIDENCE

-7534 15a, RESIDENCE - STATE 15b. COUNTY

Working Life, Even If Retired) Preschool Teacher 15c, CITY, TOWN OR LOCATION

14a. USUAL OCCUPATION (Give Kind of Work Done During Most of

14b. KIND OF BUSINESS OR INDUSTRY

maiden nam Robert H STORKE Ever in US Armed Forces? No

ITEMS

Nevada 16, FATHER - NAME (First Middle Last Suffix) Yerington

12 -

9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED,

15d. STREET AND NUMBER 450 Hwy 208 17. MOTHER - NAME (First Middle

15e. INSIDE CIT LIMITS (Specify Ye Yes

PARENTS

Hans HELMSCHROTT

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)

RICK NOEL

18b. MAILING ADDRESS

Freida HUMMER (Street or R.F.D. No, City or Town, State, Zip)

12. SURVIVING SPOUSE (if wife, give

Robert H STORKE 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME

18a. INFORMANT- NAME (Type or Print)

450 Hwy 208 Yerington, Nevada 89447

19c, LOCATION. City or Town

DISPOSITION

Burial

Garden Cemetery DIRECTOR LICENSE

620

Gardnerville Nevada 89410 20c. NAME AND ADDRESS OF FACILITY

Walton's Douglas County Mortuary . 1478 4th Street. Minden NV 89423

TRADE CALL TRADE CALL - NAME AND ADDRESS

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) SIGNATURE AUTHENTICATED T. PHAN MD 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH

SIGNATURE AUTHENTICATED

2a. On the basis of examination and/or investigation, in my opinion death occurred a the time, date and place and due to the cause(s) stated. (Signature & Title)

April 08, 2009 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

(Type or Print)

12:25

22b. DATE SIGNED (Mo/Day/Yr) 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)

T PHAN MD 1600 Medical Parkway Carson City, NV 89703

24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)

23b. LICENSE NUMBER 24c, DEATH DUE TO COMMUNICABLE DISEASE

DEATH

ONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -UNDERLYING

CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED

April 16, 2009

YES. NO

22c: HOUR OF DEATH

CAUSE OF 25. IMMEDIATE CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF: Cardiogenic Shock

DUE TO, OR AS A CONSEQUENCE OF Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF

Interval between onset and death

Interval between onset and death

PART II

28d, DESCRIBE HOW INJURY OCCURRED

27, WAS CASE REFERRED

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)

28b: DATE OF INJURY (Mo/Day/Yr)

building, etc. (Specify)

(Specify Yes or No)

STREET OR R.F.D. No.

26. AUTOPSY

CITY OR TOWN

TO CORONER (Specify No

28e. INJURY AT WORK (Specify res or No)

28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION

STATE REGISTRAR

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:

APR 1 6 2009

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

