

APN: 1022-09-001-015

RECORDING REQUESTED BY:

Patricia Vick
3640 Sandstone Dr.
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Patricia Vick
3640 Sandstone Dr.
Wellington, NV 89444



00008793201508575610020029

KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

PATRICIA VICK, 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 Bennie Vick named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 7, 2008, executed by Patricia Vick, a married woman as her sole and separate property to Bennie Vick, and Patricia Vick (surviving tenant), as joint tenants, and recorded on November 13, 2008, in Book 1108, at Page 2838, Document No. 0733095 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 115, of TOPAZ RANCH ESTATES NO. 3, as per map thereof filed in the office of the County Recorder of said County on March 31, 1969, as File No. 44091.

A.P.N. 1022-09-001-015

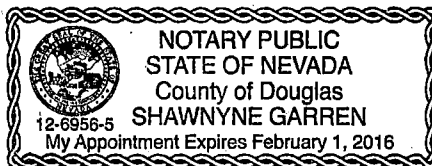
Dated: FEB 27 2015

Patricia Vick
Patricia Vick

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 27 day of February, 2015, by Patricia Vick, proved to me on the basis of satisfactory evidence to be the person who appears before me.

Shawnyne Garren
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

2014013287
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) Bennie Lee VICK		2. DATE OF DEATH (Mo/Day/Year) April 12, 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) 3640 Sandstone Dr.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS.: DAYS		7c. UNDER 1 DAY HOURS.: MINS.	
8. DATE OF BIRTH (Mo/Day/Yr) January 15, 1952		9a. STATE OF BIRTH (If not U.S.A. name country) Virginia		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Patricia MELNICK	
13. SOCIAL SECURITY NUMBER 8367		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Machine Operator		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3640 Sandstone Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT-NAME (First Middle Last Suffix) Robert VICK	
17. MOTHER/PARENT-NAME (First Middle Last Suffix) Sarah JOYNER		18a. INFORMANT-NAME (Type or Print) Patty VICK		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3640 Sandstone Dr. Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION: City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR- SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) MARSHALL FLAGG SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) August 16, 2014		21c. HOUR OF DEATH 05:15		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) MARSHALL FLAGG SIGNATURE AUTHENTICATED	
22b. DATE SIGNED (Mo/Day/Yr) April 12, 2014		22c. HOUR OF DEATH 05:15		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 12, 2014	
22e. PRONOUNCED DEAD AT: (Hour) 05:15		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) MARSHALL FLAGG 1038 Buckeye Rd Minden, NV 89423		23b. LICENSE NUMBER 465	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 19, 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) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death		Interval between onset and death	
26. AUTOPSY (Specify Yes or No) Yes		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

542570

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: 08/20/2014

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

