

APN: 1420-33-112-012



KAREN ELLISON, RECORDER

After Recording Mail to:

✓ Herman B. Darling
1324 Bridle Way
Minden, NV 89423

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Herman B. Darling, being duly sworn, declares:

That Cynthia Anne Darling, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Cynthia A. Darling, named as one of the parties in the Grant, Bargain and Sale Deed executed by Amy Wilcott and Frederick Wilcott to Herman B. Darling and Cynthia A. Darling, husband and wife as joint tenants, and recorded as Instrument No. 729431 on September 5, 2008, in Book 908, Page 1006 in the Office of County Recorder of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

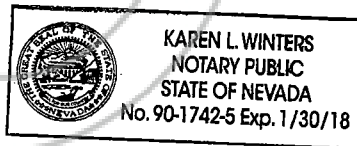
Lot 121 in Block B as shown on the final map of the Wildhorse Unit 4, a planned unit development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on December 12, 1990 in Book 1290, Page 3944 as Document No. 241974.

“Per NRS 111.312, this legal description was previously recorded at Document No.729431, Book 908, Page 1006, on September 5, 2008.

Herman B. Darling
HERMAN B. DARLING

Subscribed and sworn to before me this 30th day of March, 2015.

[Seal]



Karen L. Winters
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

2015001624
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) Cynthia Anne DARLING		2. DATE OF DEATH (Mo/Day/Year) January 30, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer, Rm Inpatient (Specify) Inpatient	
5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 68	
9a. STATE OF BIRTH (If not U.S.A.) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Bruce DARLING		8. DATE OF BIRTH (Mo/Day/Yr) July 22, 1946	
13. SOCIAL SECURITY NUMBER 4552		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Assistant To Dean Of Education		14b. KIND OF BUSINESS OR INDUSTRY University	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1324 Bridle Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Billy D PARKER			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Claudine SHOEMAKER		
18a. INFORMANT - NAME (Type or Print) Bruce DARLING			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1324 Bridle Way, 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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) February 04, 2015		21c. HOUR OF DEATH 16:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Vijay Maiya MD, 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2015		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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Severe Sepsis					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Multidrug-resistant Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Ischemic Bowel					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
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

381 5287

536655

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:

2/18/2015

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

Rhonda Pena
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

