

DOUGLAS COUNTY, NV

2015-859856

Rec:\$17.00

\$17.00 Pgs=4

04/08/2015 10:59 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN#: 1220-20-001-056
070175-TEA

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 070175-TEA

When Recorded Mail To:

John S. Dicconson

166 Pacific Avenue

Pacific Grove, CA 99350

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature


Traci Adams

Escrow Officer

Affidavit of Death of Joint Tenants

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

John S. Dicconson and Douglas H.E. Dicconson, Jr., Co-Personal Representatives, of legal age, being first duly sworn, deposes and says:

That D.H.E. Dicconson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Douglas Harry Edgar Dicconson named as one of the parties in that certain Grant Deed dated 8/3/1998 executed by Elizabeth Wright Dicconson, a married woman as her sole and separate property to D.H.E. Dicconson and Elizabeth Wright Dicconson, husband and wife, as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 0446189, on 8/4/1998, in Book0898, Page 0524, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

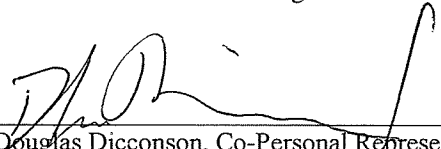
All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 28 in Block F of MARRON ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330 of Official Records.

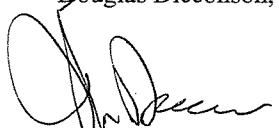
Dated _____

4/6/15

The Estate of Elizabeth Wright Dicconson



Douglas Dicconson, Co-Personal Representative



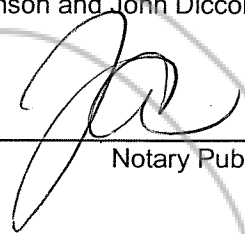
John Dicconson, Co-Personal Representative

STATE OF NEVADA _____, SS

COUNTY OF Douglas _____

This instrument was acknowledged before me on 4/6/15

By Douglas Dicconson and John Dicconson.



Notary Public

 **TRACI ADAMS**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 69-1891-5 - Expires January 5, 2019

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014000914
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Douglas Harry Edgar DICCONSON		2 DATE OF DEATH (Mo/Day/Year) January 24, 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) 782 Marron Way		3e If Hosp or Inst indicate DOA, OP/Emer Rm, Inpatient(Specify) Home	
4 SEX Male		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 85		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) March 23, 1928		9a STATE OF BIRTH (If not U.S.A. name country) England		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) Elizabeth WRIGHT	
13 SOCIAL SECURITY NUMBER ██████-3563		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) President		14b KIND OF BUSINESS OR INDUSTRY Morganite Inc. - Manufacturing	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 782 Marron Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Edith	
17 MOTHER/PARENT - NAME (First Middle Last Suffix)		18a INFORMANT- NAME (Type or Print) Liza DICCONSON		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 28854 Via Venezia Malibu, California 90265	
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 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) JOE CHAVEZ MD SIGNATURE AUTHENTICATED		21b DATE SIGNED (Mo/Day/Yr) January 24, 2014		21c HOUR OF DEATH 05:45	
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)	
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) JOE CHAVEZ MD 1470 Medical Parkway #160 Carson City, NV 89703		23b LICENSE NUMBER 8385		24a REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED	
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 27, 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) Congestive Heart Failure, Systolic		Interval between onset and death Years		DUE TO, OR AS A CONSEQUENCE OF	
(b) Ischemic Cardiomyopathy		Interval between onset and death Years		DUE TO, OR AS A CONSEQUENCE OF	
(c) Coronary Artery Disease		Interval between onset and death Years		DUE TO, OR AS A CONSEQUENCE OF	
(d)		Interval between onset and death		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) Yes		28a ACCIDENT, SUICIDE, HOMICIDE 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

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: 01/30/2014

Rod White
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

