

APN# 1420-33-112-012

**Recording Requested by:**

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2363710-RT

This document #859509 is being rerecorded to correct the legal discription.

Affidavit of Death of Joint Tenant  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440380

(State specific law)

R. Thomas Recorder  
Signature Title

R. Thomas  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

APN: 1420-33-112-012

After Recording Mail to:

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



KAREN ELLISON, RECORDER

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

This document #859509 is being rerecorded to correct the legal discription.

**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 <sup>A</sup>~~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 17, 1990 in Book 1290, Page 3944 as Document No. 241974.

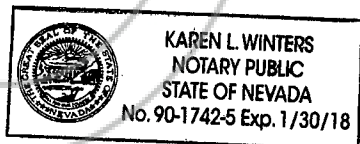
31

**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

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

Form containing fields for: 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 Carson Tahoe Regional Medical Center; 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient; 4. SEX Female; 5. RACE White (Specify) 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; 8. DATE OF BIRTH (Mo/Day/Yr) July 22, 1946; 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; 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; Ever in US Armed Forces? No; 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; 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; 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; 21b. DATE SIGNED (Mo/Day/Yr) February 04, 2015; 21c. HOUR OF DEATH 16:10; 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) 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 NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiopulmonary Arrest; (b) Severe Sepsis; (c) Multidrug-resistant Pneumonia; (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

566665

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.

SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

