DOUGLAS COUNTY, NV Rec:\$15.00

2015-862967 05/29/2015 03:01 PM

Total:\$15.00

ELIZABETH KERPSACK



KAREN ELLISON, RECORDER

APN: 1318-26-101-006

Recording requested by, and please send recorded document and future tax statements to:

ELIZABETH A. KERPSACK 1032 ROSEMARY DR... **LARGO, FL 33770**

STATE OF FLORIDA COUNTY OF CITRUS

> Affidavit of Death Pursuant to NRS § 111.365

, being first duly sworn, deposes and states that: The affiant, JOYCE A. MULLEN

1. The affiant is of legal age for the state of Nevada.

)

- 2. That EDWARD JAMES MULLEN the decedent mentioned in the attached , in HOMOSASSA. certified certificate of death, who died on August 7, 2014 , is the same person as EDWARD J. MULLEN CITRUS COUNTY, FL.
- 3. That the affiant and the decedent were both grantees in that certain QUIT CLAIM dated August 25, 2014 , recorded on February 9, 2015 , as book/page or instrument # 2015-856610 in the records of DOUGLAS County,

Nevada, and executed by the grantor(s) JOYCE A. MULLEN

to the grantee(s) ELIZABETH A. KERPSACK

as community property with right of survivorship covering the real property commonly known as KINGSBURY CROSSING , City of STATELINE

County of DOUGLAS , State of Nevada, more particularly described as:

A Portion of the North One-Half of the Northwest One-Quarter of Section 26, Township 13 North, Range 13 East, MDB & M, Described as follows: Parcel 3, As Shown On That Amended Parcel Map, Recorded February 3, 1981, in Book 281, of Official Records at Page 172, Douglas County, Nevada, As Document No. 53178, (see exhibit A attached)

4. That the relationship between the affiant and the decedent was that of: Husband and Wife

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this ! (day of MARCH, 20 15

É A. MULLEN

Print name

Subscribed and sworn to before me on March 11 5 by JOYCE A. MULLEN

GAIL M. MCMANAWAY Notary Public - State of Florida My Comm. Expires Sep 8, 2015 Commission # EE 128625

GROUNDSONSERUEWADERWARKEDEPANERSESHONED DE PERFECTIONER OFFICE of VITAL STATISTICS:

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014110910

DATE ISSUED: August 11, 2014

DECEDENT INFORMATION

STATE FILE DATE: August 11, 2014

NAME: EDWARD JAMES MULLEN

DATE OF DEATH: August 7, 2014

SEX: MALE

AGE: 078 YEARS

DATE OF BIRTH: April 22, 1936

SSN:

BIRTHPLACE: STAMFORD, CONNECTICUT, UNITED STATES PLACE WHERE DEATH OCCURRED. DECEDENT'S HOME FACILITY NAME OR STREET ADDRESS: 98 GRASS STREET LOCATION OF DEATH: HOMOSASSA, CITRUS COUNTY, 34446

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): JOYCE ANN ROMANEK

RESIDENCE: 98 GRASS STREET, HOMOSASSA, FLORIDA 34446, UNITED STATES

COUNTY: CITRUS

OCCUPATION, INDUSTRY FIRE FIGHTER, CITY FIRE DEPARTMENT

X White Black or African American

Filipino Korean Native Hawaiiar

American Indian of Alaskan Native--Tribe:

Jacanese

Vietnamese

___Guamian or Chamorro

Other Asian:

Other Pacific Isl:

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER INU.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: EDWARD MULLEN

MOTHER: VERA BANKS

INFORMANT JOYCE ANN MULLEN

RELATIONSHIP TO DECEDENT: WIFE

INSTR #2014042416 BK: 3118 PG: 1626 Page 1 of 1 FILED & RECORDED 8/15/2014 2:01 PM CVG Deputy Clk Don Barbee Jr, HERNANDO County Clerk of the Circuit Court

INFORMANT'S ADDRESS: 98 GRASS STREET, HOMOSASSA, FLORIDA 34446, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION MERRITT FUNERAL HOME

BROOKSVILLE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAMDIRECTOR/LICENSE NUMBER: DARYL L. LANE, F046560

FUNERAL FACILITY: MERRITT FUNERAL HOME INC. SPRING HILL CHAPEL F041400

4095 MARINER BLVD, SPRING HILL, FLORIDA 34609

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 2040

CERTIFIER'S NAME: PHILIP RICHARD WIRT III

CERTIFIER'S LICENSE NUMBER: 0\$4043

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

RICHARD G PADGETT ATTY 7125 MARINER BLVD SPRING HILL, FL 34609

REQ: 2015145720

HE ABOVE SIGNATURE CERTIFIES THAT THIS IS A JISTATE REGISTRA COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA: DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATER-MARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT, THE DOCUMENT WILL NOT PRODUCE

DH FORM 1946 (04-10)

WARNING: