

APN# 1420-28-410-004

Recording Requested by/Mail to:

Name: ROBERT V. WILSON

Address: 1218 ESTHER WAY

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: ROBERT V. WILSON

Address: 1218 ESTHER WAY

City/State/Zip: MINDEN, NV 89423



00015096201508632090030033

KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death - NRS 440.380(1)(A) & NRS 40.525(5)

Judgment - NRS 17.150(4)

Military Discharge - NRS 419.020(2)

Robert V. Wilson

Signature

ROBERT V. WILSON

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$1.00 Additional Recording Fee for Use of This Page

<p><b>APN: 1420-28-410-004</b></p> <p><b>RECORDING REQUESTED BY:</b></p> <p>Robert V. Wilson 1218 Esther Way Minden, NV 89423</p> <p><u>AFTER RECORDATION, RETURN BY MAIL TO:</u></p> <p>Robert V. Wilson 1218 Esther Way Minden, NV 89423</p>	
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

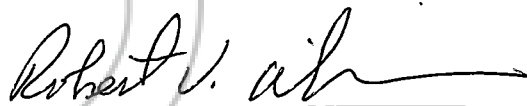
STATE OF NEVADA            )  
  ) ss:  
COUNTY OF DOUGLAS        )

ROBERT V. WILSON, 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 Katrina M. Wilson named as one of the parties in that certain Grant, Bargain, Sale Deed dated October 19, 1993, executed by Deborah Ann Overcast, as legally appointed guardian of the person and estate of Shane Lewis Overcast, to Katrina W. Wilson and Robert V. Wilson (surviving tenant), husband and wife as joint tenants, and recorded on November 15, 1993, in Book 1193 at Page 2769, Document No. 322587 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

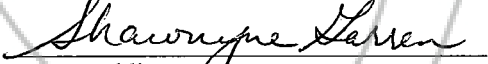
Lot 14, as shown on the official map of COCHRAN ESTATES UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 23, 1970, in Book 82, Page 294, as File No. 50690.

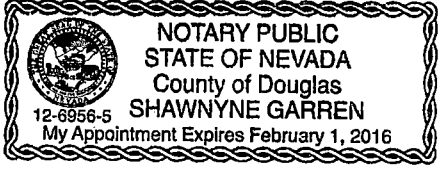
Dated: 6/3/15

  
Robert V. Wilson

State of Nevada            )  
  ) ss.  
County of Douglas        )

Subscribed and sworn to (or affirmed) before me on this 3 day of June, 2015, by Robert V. Wilson, proved to me on the basis of satisfactory evidence to be the person who appears before me.

  
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

STATE FILE NUMBER: **2015008535**

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) <b>Katrina Marie WILSON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>May 16, 2015</b>			3a. COUNTY OF DEATH <b>Douglas</b>		
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>1218 Esther Way</b>			3d. If Hosp. or Inst. indicate DOA/OP/Emar: Rm: Inpatient(Specify) <b>Home</b>		4. SEX <b>Female</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>60</b>	7b. UNDER 1 YEAR <b>MOS</b>	7c. UNDER 1 DAY <b>DAYS</b>	7d. HOURS <b>HOURS</b>	7e. MINS. <b>MINS.</b>
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 06, 1955</b>		9a. STATE OF BIRTH (If not U.S.A., <b>California</b> )		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>
12. SURVIVING SPOUSE (Maiden name)		13. SOCIAL SECURITY NUMBER <b>██████████9970</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Owner-operator</b> )		14b. KIND OF BUSINESS OR INDUSTRY <b>Decorative Rock/landscaping</b>		Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1218 Esther Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ronald OLVERA</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary MCCAIN</b>				
18a. INFORMANT - NAME (Type or Print) <b>Mallory COOK</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1275 Alicia #1 Gardnerville, Nevada 89460</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>			19c. LOCATION: City or Town State <b>Carson City Nevada 89706</b>			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): <b>CURT KOESTLER</b>			20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703</b>			
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) <b>DINA K. TACK M.D.</b>				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) <b>May 19, 2015</b>		21c. HOUR OF DEATH <b>16:24</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) <b>DINA K. TACK M.D. 1535 Medical Parkway Suite B Carson City, NV 89703</b>							23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>RHONDA PENA</b> <b>SIGNATURE AUTHENTICATED</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 21, 2015</b>		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) <b>Breast Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ 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) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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

3832669

580451

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:

This copy is not valid unless engraved border displaying date, seal and signature

STATE REGISTRAR

**SIGNATURE AUTHENTICATED**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

