

APN: 1420-33-212-012
Recording request by; mail papers
and tax statements to
Vera S. Shilling (self-preparer)
1311 Bridle Way, Minden, NV 89423
Social security #s of a person herein is listed
under NRS 440.380(1) & NRS 40.525 (5),
on the official death certificate.



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)S.s.
County - Carson City)

I Vera S. Shilling, wife, joint tenant with my husband, and in a community property state of Nevada, as wife of the Deceased, George Schilling, myself being of legal age, sound mind, and being duly sworn under oath and under penalty of perjury, states the following facts:

1. That George Shilling, my husband, Descendent mentioned in the attached certified copy of Certificate of Death, is the same person as George Schilling, named as community property owner of an equal half said property owned with myself, Vera S. Schilling, and he was named as the husband/joint tenant in that certain Deed, who executed that certain document, instrument # 497827, on August 16, 2000, in Book 0800, Page 3088, as Ref. Map Doc. No. _____, of Official Records of Douglas County Recorder's Office in Douglas County, Nevada, property legally described as follows: Lot 126, Block B, as shown on the final map of Wilhorse Unit No. 4, a planned unit development, filed in the office of County Recorder of Douglas County, State of Nevada, on Dec. 12, 1990, as Book 0800, Page 3008, Doc. No. 0497827.

2. That I am Vera S. Shilling, the legal wife of deceased, under community property law of Nevada, and this land and property is entitled to me as Joint Tenant. I am the surviving Joint Tenant. I hereby consent to the aforementioned property and do hereby assume the ownership as the surviving Joint Tenant. This Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with said property. In Witness Whereof, I hereunto set my hand on November 10th, 2015.

Vera S. Schilling
Vera S. Schilling, surviving wife/Trustee



STATE OF NEVADA)
)s.s.
COUNTY OF CARSON)

Sworn / subscribed before me, Nevada Notary Public for Carson County, on Nov. 10th, 2015, personally appeared identified *Vera S. Schilling*, who signed and executed this document.

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

2015017909
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) George SCHILLING | | 2. DATE OF DEATH (Mo/Day/Year) October 08, 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 or Inpatient(Specify)) Ormsby Heights Group Home Inpatient | | 4. SEX Male | |
| 5. RACE - White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 74 | 7b. UNDER 1 YEAR MOS DAYS | 7c. UNDER 1 DAY HOURS MINS |
| 8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1941 | | 9a. STATE OF BIRTH (If not U.S.A.) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 09 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify Married) | | 12. SURVIVING SPOUSE (Maiden name) Vera S VERSTEEG | |
| 13. SOCIAL SECURITY NUMBER ██████-██-8188 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| Mechanic | | Heavy Equipment | | Ever in US Armed Forces? No | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Minden | 15d. STREET AND NUMBER 1311 Bridle Way | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Ernest P. O. SCHILLING | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nancy W HOBBS | | |
| 18a. INFORMANT - NAME (Type or Print) Vera S SCHILLING | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1311 Bridle Way Minden, Nevada 89423 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation | | 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 Neptune Society of Reno 969 West Moana Lane Reno, NV 89509 | | |
| 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) CARA-LOUISE FOX 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) October 14, 2015 | | 21c. HOUR OF DEATH 23:32 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 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) CARA-LOUISE FOX MD 1200 Mountain Street Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 14912 | |
| 24a. REGISTRAR (Signature): VERALYNN A ROYACK SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 20, 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) Anorexia | | | | Interval between onset and death | |
| (b) Confusion | | | | Interval between onset and death | |
| (c) Metastatic Lung Cancer | | | | Interval between onset and death | |
| (d) DUE TO, OR AS A CONSEQUENCE OF | | | | 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 Tobacco Use, Unknown Etiology | | | | 26. AUTOPSY (Specify Yes or No) No | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No |
| 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

3857525

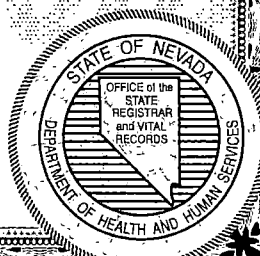
601939 CERTIFIED COPY OF VITAL RECORDS

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: 10/27/2015

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

R. Royack
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev 20120523a