

APN: 1220-09-415-003

Grantee (surviving joint tenant):  
CECILIA YALE  
1044 MAVERICK COURT  
GARDNERVILLE, NV  
89460



KAREN ELLISON, RECORDER

When recorded return to:  
SAME

THE UNDERSIGNED AFFIRMS THAT  
THIS DOCUMENT CONTAINS A  
SOCIAL SECURITY NUMBER DUE  
TO THE REQUIREMENTS OF NRS 440.380.

**AFFIDAVIT OF DEATH OF JOINT TENANT  
(NRS 111.365)**

STATE OF NEVADA )  
COUNTY OF DOUGLAS )

SS

I, Cecilia YALE, being first duly sworn under penalty of perjury, depose and say:

1. That I am the <sup>DAUGHTER</sup> Georgette (state relationship to deceased joint tenant) of (name of decedent), and his/her surviving joint tenant pursuant to an instrument recorded in the Official Records of Douglas County, Nevada, on Oct 25, 2004 as Document No. 0627573 Book 1004, Page 10319

2. Georgette Sieff died on JAN 4, 2016.  
A certified copy of his/her certificate of death is attached to this affidavit.

3. The real property owned by Georgette Sieff and me as joint tenants on the date of his/her death, consists of the following:

(insert legal description)

WITNESSETH my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

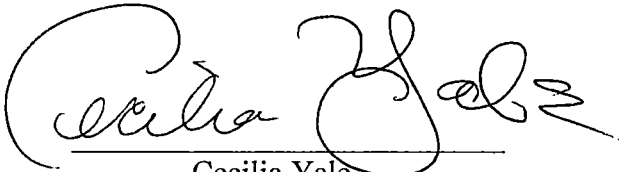
Cecilia Yale  
(type name of Affiant)  
Cecilia YALE

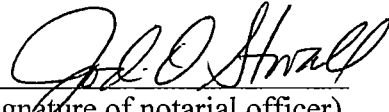
(JURAT)

Affidavit of Death of Joint Tenant  
(attached)

State of Nevada  
County of Douglas County

This instrument was acknowledged by me on January 21, 2016, by Cecilia Yale.

  
\_\_\_\_\_  
Cecilia Yale

  
(Signature of notarial officer)  
Jodi O Stovall

  
JODI O. STOVALL  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-79473-5 - Expires August 3, 2016

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

CASE FILE NO. 3872037

2016000126  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Georgette T SIEFF</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 04, 2016</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and <b>Renown South Meadows Medical Center</b> Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Female</b>	
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>90</b>	
	7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 10, 1925</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>0265</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Musician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Music</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1044 Maverick Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George W COLLIGNON</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Cecilia WALLACE</b>		18a. INFORMANT- NAME (Type or Print) <b>Cecilia YALE</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1044 Maverick Court Gardnerville, Nevada 89460</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>SIGNATURE AUTHENTICATED</b> <b>PATRICK A WOODARD 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>January 08, 2016</b>		21c. HOUR OF DEATH <b>12:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Gabriel F Bou Merhi M.D.</b>		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) <b>Patrick A Woodard M.D. 1155 Mill St Reno, NV 89502</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>15184</b>		24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <b>SIGNATURE AUTHENTICATED</b>			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 08, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Acute Hypoxic Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Multi-system Organ Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Septic Shock</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Pneumonia, Unknown Organism</b>				Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Stage IV Decubitus Ulcer, Severe Protein-calorie Malnutrition, Atrial Fibrillation</b>				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

VRS-Rev-20120523a

611123

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:

1/14/2016

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

*Rnd White*  
**SIGNATURE AUTHENTICATED**

