DOUGLAS COUNTY, NV

Rec:\$15.00 Total:\$15.00 2016-878138

03/15/2016 12:15 PM

EVELYN C. COOK

KAREN ELLISON, RECORDER

APN # 1220-12-710-012 **RECORDING REQUESTED BY AND** WHEN RECORDED RETURN TO:

Evelyn C. Cook 1094 Log Cabin Rd. Gardnerville, NV 89410

MAIL TAX STATEMENT TO: Evelyn C. Cook 1094 Log Cabin Rd. Gardnerville, NV 89410

AFFIDAVIT OF SURVIVING JOINT TENANT

EVELYN C. COOK, of legal age, being first duly sworn, deposes and says:

That, WILLIAM A. COOK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM A. COOK, and is named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 5, 1988, executed by PINE NUT MANOR, LTD., a Limited Partnership, to WILLIAM A. COOK and EVELYN C. COOK, husband and wife as joint tenants, recorded on October 18. 1988, as Document No. 188775, of Official Records of the County of Douglas, State of Nevada, covering the following described real property situated in County of Douglas, State of Nevada:

Lot 31 Block C, as set forth on the Plat of PINENUT MANOR NO. 1 and 2, PHASE 2, filed for record in the office of the County Recorder of Douglas County, Nevada, on June 16, 1980, in Book 680, Page 1361, Document No. 45348.

Subject to the Declaration of Covenants, Conditions and Restrictions in an instrument recorded August 26, 1983 in Book 883, Page 2350, Document No. 86187 of Official Records.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: March 15, 2016

STATE OF NEVADA

SS.

COUNTY OF WASHOE

On March 15, 2016, before me, the undersigned, a Notary Public in and for said County and State, personally appeared EVELYN C. COOK, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same. WITNESS my hand and seal.

ASHLEY LOUDENCLOS **NOTARY PUBLIC** STATE OF NEVADA Commission Expires: 1-7-18 Certificate No: 10-1123-2

Willy Grobello Ashley Loudenclos, Notary Public

Washoe County, Nevada

My Commission Expires 01/07/2018



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

(86) (86)	LOCAL FILE NUMBER
KEE OBJINT	DECEASED—NAME First Middle Last DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH
ÄNENT	William Arthur COOK SR. 2 November 30, 2001 3a Douglas
KINK	CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)
a: Dent	3b. Gardnerville 3c. 1094 Log Cabin Road 3e. 6 4 Male RACE—(e.g., White, Black, American Was Decedent of Hispanic Origin? Specify yes no If yes, AGE—Last UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.)
8:	Indian, etc.) (Specify) specify Mexican, Cuban, Puerto Rican, etc. Birthday (Years) MOS DAYS HOURS MINS
	5. White 6. 7a. 69 7b. 7c. 8. Sept. 25, 1932 STATE OF BIRTH CITIZEN OF WHAT COUN Decedent's Education. Specify highest MARRIED, NEVER MARRIED, SURVIVING SPOUSE (If wile, give malten name)
DEATH BRED IN	(If not U.S.A., name country) TRY grade completed. WIDOWED, DIVORCED. (Specity) 1
BSTION BSTION	SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of KIND OF BUSINESS OR INDUSTRY:
STON OF	13 Truck Driver 14a. Truck Driver 14b. Transportation Industry
C I	RESIDENCE—STATE COUNTY COUNTY INSIDE CITY LIMITS
∭- →	15a. Nevada 15b. Douglas 15c Gardnerville 15d.1094 Log Cabin 15e Yes
	FATHER—NAME First Middle Last MOTHER—MAIDEN.NAME. First Middle Last
NTS	16 Paul R. Cook 17 Grace E. Haverfield
di di	INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
	18a. Christine Cook 18b.1094 Log Cabin Rd., Gardnerville, Nevada 89410
Ä ſ	BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME. LOCATION City or Town State
a: Sition	19a. Cremation 19b. Walton's sierra Crematory 19c. Carson City, Nevada
8	FUNERAL DIRECTOR—SIGNATURE (Or Persol Acting as Such) FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 02
	20a. 20b. 9 20 N81 No. Roop St., Carson City, Nevada 89706 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 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) and manner stated.
	at the time, date and place and due to the cause(s) stated.
diod	(Signature and Title) BE (Signature and Title)
8	8 21 2/4/000 / 21c. 2300 8 8 22b. 22c.
	NAME OF AT ENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
000	O. 21d. 22d. ON 22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 89410
8: L	23a. Dr. Stephen Perry, M.D., 1107 Hwy. 395, Gardnerville, Nevada 23b. 6526
HONS	REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE
GAVE 510	24a. (Signature) 24b. 1 24c. YES NOT 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
SSE THE	
HYING LAST	PART (a) Metastatic transitional (el concerticity) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death
-	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death
	(c)
SE OF	PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) (CORONER (Specify Yes or No)
8	Coroni Arter Cisecta DVI, Ah, HYARINO C 28. No 27. Yes
District	ACC., SUICIDE, HOM., UNDET., DATEOF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED.
occió.	(Specify) 28b. 28c. M 28d. 28d. 1NJURY AT WORK PLACE OF INJURY—At home, farm, street, factory, office LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE
diada	(Specify Yes or No) building; etc. (Specify)
8	28e. 28ft. 28g.



618494

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:

MAR 0.7 2016 ess prepared on engraved border displaying date, seal and signature of Registrar.

STATE REGISTRAR

