

APN# 1022-15-001-144

Recording Requested by/Mail to:

Name: JACQUELIN THOMPSON

Address: P.O. BOX 2176

City/State/Zip: GARDNERVILLE, NV 89410

Mail Tax Statements to:

Name: JACQUELIN THOMPSON

Address: P.O. BOX 2176

City/State/Zip: GARDNERVILLE, NV 89410



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)

Jacquelin Thompson
Signature

JACQUELIN THOMPSON
Printed Name

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

APN: 1022-15-001-144

RECORDING REQUESTED BY:

Jacquelin Thompson
P.O. Box 2176
Gardnerville, NV 89410

AFTER RECORDATION, RETURN BY MAIL TO:

Jacquelin Thompson
P.O. Box 2176
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

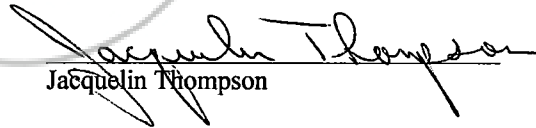
JACQUELIN THOMPSON, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas Thompson named as one of the parties in that certain Grant, Bargain and Sale Deed dated December 19, 2002, executed by Virgil W. Wiswell, III and G. Leslie Wiswell, husband and wife, and Barbara J. Wiswell, a widow, all as joint tenants, to Thomas Thompson, and Jacquelin Thompson, (surviving tenant), as joint tenants, and recorded on January 8, 2003, in Book 0103, at Page 02689, Document No. 0563208 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 7, in Block I, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, page 224 as Document No. 50212.

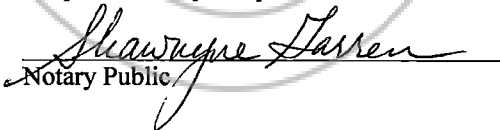
A.P.N. 1022-15-001-144

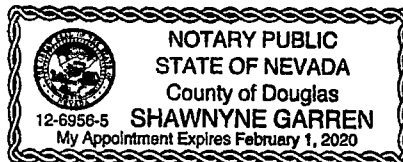
Dated: 7-22-16


Jacquelin Thompson

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 22 day of July, 2016, by Jacquelin Thompson, proved to me on the basis of satisfactory evidence to be the person who appeared 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

CASE FILE NO. 3897942

2016011762
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) Thomas Dean THOMPSON		2. DATE OF DEATH (Mo/Day/Year) June 03, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 09, 1944		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jacquelin Ann DANNA	
13. SOCIAL SECURITY NUMBER ██████-3578		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Food & Beverage Sales		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3845 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Darrell Leslie THOMPSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys Bernice MOURLAM		
18a. INFORMANT- NAME (Type or Print) Daniel SALES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3845 Granite Way Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) MARSHALL FLAGG			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) MARSHALL FLAGG		
21b. DATE SIGNED (Mo/Day/Yr) July 01, 2016		21c. HOUR OF DEATH 11:05		22c. HOUR OF DEATH 11:05	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
22e. PRONOUNCED DEAD AT (Hour)			22f. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Marshall Flagg P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 465	
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 05, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. REGISTRAR (Signature) VERALYNN A BOYACK		24e. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 05, 2016		24f. 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				Interval between onset and death	
(a) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Tobacco Use				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 1. Heart Failure				26. AUTOPSY (Special Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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



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: **7/5/2016**

SIGNATURE OF REGISTRAR
[Handwritten Signature]

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

