

16

APN: 0000-13-020-080



KAREN ELLISON, RECORDER

**RECORDING REQUESTED BY:**

Name: FOR THE PEOPLE  
Address: 6405-2 S. Virginia Street  
City/State/Zip: Reno, NV 89511

**WHEN RECORDED MAIL TO:**

Name: SHARON PERDUE  
Address: 810 Bucks Way  
City/State/Zip: Carson City, NV 89705

**MAIL TAX STATEMENT TO:**

Name: SHARON PERDUE  
Address: 810 Bucks Way  
City/State/Zip: Carson City, NV 89705

**AFFIDAVIT OF DEATH OF JOINT TENANT**

Please complete Affirmation Statement below:

\_\_\_\_ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

-OR-

✓ \_\_\_\_ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

NRS 440.380(1)(A) AND 40.525(5)  
(State specific law)

Sharon Perdue

Signature

Successor Trustee

Title

SHARON PERDUE

Print Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black in.  
(Additional recording fee applies.)

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 ) SS.  
COUNTY OF WASHOE )

**SHARON PERDUE**, of legal age, being first duly sworn, deposes and says:

That **DORIS V. HEISER**, the decedent mentioned in the attached certified copy of Certificate of Death died on the 11th day of September, 2015, in Carson City, Nevada.

That **DORIS V. HEISER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **DORIS V. HEISER** named as one of the parties in that certain deed recorded October 12, 1998, executed on October 9, 1998, from **LEONARD P. HEISER and DORIS V. HEISER, HUSBAND AND WIFE AS JOINT TENANTS** to **LEONARD P. HEISER and DORIS V. HEISER, TRUSTEES OF THE HEISER FAMILY TRUST DATED 04/23/1998**, recorded as Instrument No. 0451481 in Carson City, Nevada.

A certain parcel of land within the E1/2 of Section 1, Township 14 North, Range 19 East, M. D. B. & M., more particularly described as:

Commencing at the East quarter corner of Section 1, the point of beginning: Thence South 39°23'30" West, 336.10 feet, thence North 0°05'45" West, 160.00 feet; thence North 89°23'30" East, 336.10 feet; thence South 5°07'45" East, 160.00 feet to the point of beginning.

EXCEPTING THEREFROM: EASEMENTS as shown on parcel Map recorded March 4, 1976, in Book 376, page 179, as Document No. 87622, Douglas County, Nevada records.

Commonly known as: 810 Bucks Way, Carson City, NV 89705

DATE: July 26, 2016 Sharon Perdue  
SHARON PERDUE

State of Nevada )  
County of Washoe )

Signed and sworn to (or affirmed) before me on the 26 day of July, 2016, by **SHARON PERDUE**.



**R. HUFF**  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 07-2165-2 - Expires March 15, 2019

R. Huff  
Signature of Notarial Officer

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

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

2015015865  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURS 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>Doris Virginia HEISER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 11, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) <b>Eagle Valley Care Center Assisted Living</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>93</b>	
7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 31, 1921</b>	
9a. STATE OF BIRTH (if not U.S.A.) <b>Tennessee</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>9</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (Maiden name)			
13. SOCIAL SECURITY NUMBER <b>5023</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Supervisor</b>		<b>Telecommunications</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>810 Bucks Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Julius HOPE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Barbara SULLIVAN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Sharon PERDUE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>810 Bucks Way Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</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> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>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>STEVEN L PHILLIPS M.D.</b> 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) <b>September 16, 2015</b>		21c. HOUR OF DEATH <b>16:02</b>		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) <b>Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502</b>				23b. LICENSE NUMBER <b>6596</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 17, 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				Interval between onset and death	
(a) <b>Cardiac Arrest</b>				Minutes	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic Heart Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Hypertension</b>				Years	
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 1.				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

3852405

596907

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.

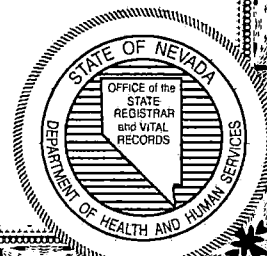
DATE ISSUED:

9/23/2015

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

*R. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE