

Assessor's Parcel Number: 1420-07-818-009)
PATRICIA C. CURRIE)
RETURN DOCUMENT TO AND MAIL)
TAX STATEMENT TO:)
)
Greater Nevada Mortgage Services,)
4070 Silver Sage Drive)
Carson City NV 89701)
)



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

PATRICIA C. CURRIE, being duly sworn, deposes and says that she was the spouse of BILLIE B. CURRIE, the Decedent in the attached certified copy of the Certificate of Death; that the Decedent is the same person as BILLIE B. CURRIE (decedent), named as one of the parties in that certain DEED OF TRUST (document) dated JANUARY 26, 2007, executed by FIRST AMERICAN TITLE CO. to BILLIE B. CURRIE and PATRICIA C. CURRIE, husband and wife as joint tenants, recorded as Document No. 0694120 in the Official Records of DOUGLAS County, Nevada, on JANUARY 31, 2007; and that she is the party named PATRICIA C. CURRIE in the DEED OF TRUST (name of document) dated JANUARY 26, 2007, and recorded on JANUARY 31, 2007, as Document No. 0694120 in the Official Records of DOUGLAS County, Nevada.

The property subject to the above listed deed is commonly known as 976 LEHIGH CIRCLE, CARSON CITY, NV 89705, County of DOUGLAS, State of Nevada, and more particularly described as: LOT 16, IN BLOCK A, AS SHOWING ON THE MAP OF IMPALA MOBILE HOME ESTATES UNIT NO. 2 FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 7, 1978, IN BOOK 482, PAGE 366, AS DOCUMENT NO. 66654.

As recited in the attached Certificate of Death, BILLIE B. CURRIE died on the 5TH day of OCTOBER 2014, in CARSON CITY, County of DOUGLAS, Nevada.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS PURSUANT TO NRS 40.525(5) AND NRS 440.380(1)(a).

Patricia C Currie

10-11-2016

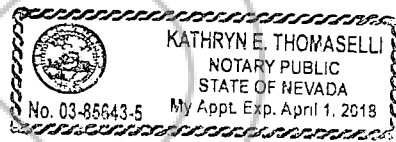
Date

State of Nevada)
County of Carson) ss.

Subscribed and sworn to on this 17th day of October, in the year 2016, before me,
Kathryn Thomaseili, Notary Public, by Patricia C. Currie.

On this 17th day of October, in the year 2016, before me, Kathryn Thomaseili
Notary Public, personally appeared Patricia C. Currie personally known to me or proved to
me on the basis of satisfactory evidence to be the person whose name is subscribed to this
instrument, and acknowledged that she executed it.

Kathryn Thomaseili
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

2014016245
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) Billie B CURRIE | | 2. DATE OF DEATH (Mo/Day/Year) October 05, 2014 | | 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 and number) Evergreen Mountain View Health & Rehab Ctr | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home | |
| 5. RACE White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 83 | |
| 9a. STATE OF BIRTH (If not U.S.A. name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 12 | |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Patricia C RHODES-BOSTON | | 4. SEX Male | |
| 13. SOCIAL SECURITY NUMBER 5621 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Truck Driver | | 14b. KIND OF BUSINESS OR INDUSTRY Ups | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Carson City | | 15c. CITY, TOWN OR LOCATION Carson City | |
| 15d. STREET AND NUMBER 976 Lehigh Circle | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Garfield CURRIE | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Phanilice LEMONT | | |
| 18a. INFORMANT- NAME (Type or Print) Patricia C CURRIE | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 976 Lehigh Circle Carson City, Nevada 89705 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME La Paloma Reno | | 19c. LOCATION City or Town State Reno Nevada | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DUSTIN OLSON SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 779 | | 20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89706 | |
| 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) SIGNATURE AUTHENTICATED VIJAY MAIYA MD | | | 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 08, 2014 | | 21c. HOUR OF DEATH 03:20 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 11909 | |
| 24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 08, 2014 | | 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).) | | | | Interval between onset and death | |
| PART I (a) Cardiopulmonary Arrest | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) End Stage Liver Disease/Cirrhosis | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) Alcohol Abuse | | | | 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. | | | | 26. AUTOPSY (Specify 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

3795096

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: **10/10/2014**

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

