

Assessor's Parcel No: 1420-28-211-024 )  
 )  
 RECORDING REQUESTED )  
 AND RETURN TO: )  
 Beatrice Wilkinson )  
 1291 La Sierra Court )  
 Minden, NV 89423 )  
 )  
 MAIL TAX STATEMENTS TO: )  
 Beatrice Wilkinson )  
 1291 La Sierra Court )  
 Minden, NV 89423 )  
 )



00046028201608904650030035

KAREN ELLISON, RECORDER

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

**AFFIDAVIT OF DEATH OF JOINT TENANT**

**BEATRICE WILKINSON**, being duly sworn, deposes and says that she was the wife of **NELSON WILKINSON**, the Decedent in the attached certified copy of the Certificate of Death; that the Decedent is the same person as **NELSON WILKINSON**, named as one of the parties in that certain Grant, Bargain and Sale Deed dated November 1, 2001, executed by **H & S CONSTRUCTION INC., A NEVADA CORPORATION**, to **NELSON WILKINSON** and **BEATRICE WILKINSON**, husband and wife as joint tenants with right of survivorship, recorded as Document No. 0527086 in the Official Records of Douglas County, Nevada, on November 6, 2001; and that she is the party named **BEATRICE WILKINSON** in the certain Grant, Bargain and Sale Deed dated November 1, 2001, and recorded on November 6, 2001, as Document No. 0527086 in the Official Records of Douglas County, Nevada.

The property subject to the above listed deed is more particularly described as:

**Lot 38 of Block B as said Lot and Block are set forth on the Final Map #PD99-02-04 for SARATOGA SPRINGS ESTATES UNIT 4, A Planned Unit Development, recorded May 19, 2000 in Book 0500 of Official Records, Page 4445, Douglas County, Nevada as Document No. 492337, and amended by Certificate of Amendment Recorded November 30, 2000, in Book 1100, Page 6042, as Document No. 504169, Official Records.**

TOGETHER WITH all improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

As recited in the attached Certificate, **NELSON WILKINSON** died on July 19, 2012 in Douglas County.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Beatrice Wilkinson  
BEATRICE WILKINSON

11-10-16  
Date

State of Nevada            )  
  ) ss.  
County of Douglas        )

On this 10<sup>th</sup> day of November, in the year 2016, before me, Josh Nelson,  
Notary Public, personally appeared BEATRICE WILKINSON 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 he executed it.

Josh Nelson  
NOTARY PUBLIC



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

**2012012051**

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) <b>Nelson Eddie WILKINSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 19, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1291 La Sierra Ct</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>73</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 12, 1939</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Beatrice SEVERIN</b>		13. SOCIAL SECURITY NUMBER <b>0788</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Machinist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing Industry</b>		15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1291 La Sierra Ct</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Delbert WILKINSON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Viola MOORE</b>	
18a. INFORMANT- NAME (Type or Print) <b>Beatrice WILKINSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1291 La Sierra Ct Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</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>JESSE MCKONE</b> <i>SIGNATURE AUTHENTICATED</i>		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) <b>JESSE MCKONE</b> <i>SIGNATURE AUTHENTICATED</i>			
21b. DATE SIGNED (Mo/Day/Yr) <b>August 01, 2012</b>		21c. HOUR OF DEATH <b>21:02</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>August 01, 2012</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>21:02</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>July 19, 2012</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>21:02</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Jesse McKone P.O. Box 218 Minden, NV 89423</b>			
23b. LICENSE NUMBER <b>301</b>		24a. REGISTRAR (Signature) <b>MICHELE L YOUNG</b> <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 02, 2012</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 (a) <b>Arteriosclerotic Cardiovascular Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Hypertension</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b></b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b></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.				28. 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



446093

CERTIFIED COPY OF VITAL RECORDS

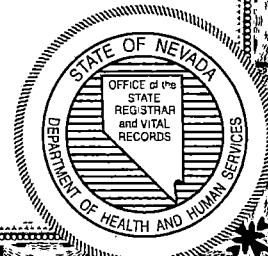
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 08/03/2012

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

*R. D. White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE