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KAREN ELLISON, RECORDER

APN#: 1220-21-710-256
Requested recording, mail to tax statements
and documents to: Suzanne J. Patton
686 Joette Drive, Gardnerville, NV 89460
Document includes certified death certificate per
NRS 40.525(5), which contains a social security
number required by NRS 440.380(1).

State of Nevada)
) s. s.
County of Carson)

AFFIDAVIT OF DEATH OF JOINT TENANT (NRS 111.365)

I, Suzanne J. Patton, the wife, being duly sworn, deposes and states that:

1. I am of legal age for State of Nevada. I am Sole Surviving Joint Tenant on said property.
2. That my husband, Jerry A. Patton, was a joint tenant, and is now deceased on that date of 11/12/2015, and that we were joint tenants named on that Deed of Trust filed in the Douglas County Recorder's Office, State of Nevada, on March 6, 2008, #0719175.
3. The deceased, my husband, Jerry A. Patton, is the same as the joint tenant mentioned in the attached certified copy of Certificate of Death, the same person as Jerry A. Patton, named therein on that Deed of Trust filed on March 6, 2008, as Document No. 0719175, filed by Jerry A. Patton and Suzette J. Patton, of official records of Douglas County Recorder's Office in Douglas County, Nevada.
4. That I declare I am that Suzette J. Patton named on said Deed of Trust, legally described as: Lot 79, Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, Book 374, Page 676, as file no. 72456.
5. That the relationship between the Affiant and the Decedent was that of: Marriage.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct. In witness whereof, I set my hand on this day of 1, November, 2016.

Suzanne J. Patton
Suzanne J. Patton, Affiant

State of Nevada)
) s. s.
County of Carson)



DEBORAH G. SUMNER
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 04-02-19
Certificate No: 99-55313-3

Subscribed/Sworn to before me, a Notary Public for Nevada, Carson City, on November 1, 2016,
by Suzanne Patton, identified personally appearing, who signed this document.

[Signature]

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2015019705
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) Jerry Andrew PATTON		2. DATE OF DEATH (Mo/Day/Year) November 12, 2015		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 or Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 24, 1932		9a. STATE OF BIRTH (if not U.S.A., California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Suzanne WICHMAN	
13. SOCIAL SECURITY NUMBER 8263		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Career Military		14b. KIND OF BUSINESS OR INDUSTRY U.s. Air Force	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 686 Joette Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Dolphia Woody PATTON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel Leota MADDOX		18a. INFORMANT- NAME (Type or Print) Suzanne PATTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 686 Joette Dr. Gardnerville, Nevada 89460	
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) November 17, 2015		21c. HOUR OF DEATH 11:56	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 2015		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d) Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Kidney Disease Unknown Etiology		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

3863184

605286

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:

11/23/2015

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

