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KAREN ELLISON, RECORDER

# Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 1023-00-001-018

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>Virginia A. Wilhelm</u>
Address: <u>P.O. Box 448</u>
City/State/Zip: <u>Little Rock, AR 72203</u>

I, Virginia A. Wilhelm, the Affiant, being of legal age, and being first duly sworn, deposes and says:  
That Ronald R. Wilhelm, the decedent mentioned in the

(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Ronald R. Wilhelm  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Grant, Bargain and Sale Deed,  
(Type of Document)

dated on the 20th day of July, 2009, and executed by  
Ronald R. & Virginia A. Wilhelm, known as "Grantor(s)" to

known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 727969, on the  
3rd day of August, 2009 in book 0809/0089, of Official Records of

Douglas County, Nevada, covering the following described property situated in the City of  
Wellington, County of Douglas, State of Nevada.

(Set forth legal description and commonly known street address, if known)

A parcel of land located within a portion of the Northeast 1/4 of Section 16, Township 10 North, Range 23 East, M.D.M., Douglas County, Nevada, being more particularly described as follows:

Parcel 1 as shown on Land Division Map, File No. 616422, Official Records of Douglas County, Nevada.

EXCEPTING THEREFROM any portion thereof lying below the natural ordinary high water mark of the Walker River.

APN: 1023-00-001-018

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 499,380.86.

In witness Whereof, I/We have hereunto set my hand/our hands this 28th day of November, 20 16

(Signature) Virginia A. Wilhelm  
(Print or type name here)

(Signature) \_\_\_\_\_  
(Print or type name here)

STATE OF ~~NEVADA~~ ARKANSAS )

COUNTY OF ~~Douglas~~ PULASKI )

This instrument was acknowledged before me on (date) November 28, 2016

By (person(s) appearing before notary public) VIRGINIA A. WILHELM

TERRI VANLANDINGHAM  
(Notary Public)  
My Commission expires: 3/20/21

TERRI VANLANDINGHAM  
PULASKI COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires March 20, 2021  
Commission No. 12361058

# STATE OF ARKANSAS

## ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

TYPE / PRINT IN  
PERMANENT  
BLACK INK.  
SEE  
INSTRUCTIONS

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) <b>Ronald Richard Wilhelm</b>		2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo/Day/Yr) <b>December 3, 2013</b>	3b. TIME OF DEATH <b>Found</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Unk</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	
4. SOCIAL SECURITY NO. <b>2537</b>	5a. AGE—Last Birthday (Years) <b>67</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo/Day/Yr) <b>August 29, 1946</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Salisbury, NC</b>
8a. RESIDENCE STATE OR FOREIGN COUNTRY <b>Arkansas</b>		8b. COUNTY <b>Pulaski</b>	8c. CITY OR TOWN <b>Little Rock</b>		
8d. NUMBER AND STREET <b>8215 Sparks Road</b>		8e. APT. NO.	8f. ZIP CODE <b>72210</b>	8g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage) <b>Virginia Booker</b>		
12a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room / Outpatient <input type="checkbox"/> Dead on Arrival		12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Other (Specify)		12c. COUNTY OF DEATH <b>Pulaski</b>	
12d. FACILITY NAME (if not institution, give number & street) <b>8215 Sparks Road</b>		12e. CITY OR TOWN <b>Little Rock</b>		12f. ZIP CODE <b>72210</b>	
13. FATHER'S NAME (First, Middle, Last) <b>Frank Edward Wilhelm</b>		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Herundina Carreiro</b>			
15a. INFORMANT'S NAME <b>Virginia Wilhelm</b>	15b. RELATIONSHIP TO DECEDENT <b>Wife</b>	15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) <b>8215 Sparks Road, Little Rock, Arkansas 72210</b>			
16a. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>North Little Rock Funeral Home and Cremation</b>			
16c. LOCATION—CITY, TOWN, AND STATE <b>North Little Rock, Arkansas</b>		17a. EMBALMER'S NAME <input checked="" type="checkbox"/> Not Embalmed		17b. EMBALMER'S LICENSE #	17c. SIGNATURE (Funeral Service Licensee or Other Agent) <i>McElroy</i>
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>North Little Rock Funeral Home, 1921 Main St. N. Little Rock, Arkansas 72114</b>		17e. LICENSE # <b>201</b>			
18a. DATE PRONOUNCED DEAD (Mo/Day/Yr) <b>December 3, 2013</b>	18b. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <b>15:26</b>	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (Print Name) <b>Patrick McElroy, Chief Deputy Coroner</b>		19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. <b>CAUSE OF DEATH</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Gun Shot Wound to Head</b> Due to (or as a consequence of) _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or Injury that initiated the events resulting in death) LAST a. _____ Due to (or as a consequence of) _____ b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ d. _____				APPROXIMATE INTERVAL: Onset to Death <b>Sudden</b>	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				21a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			24. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input checked="" type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		
25a. DATE OF INJURY (Mo/Day/Yr) <b>December 3, 2013</b>	25b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Unknown</b>	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <b>Decedent's Home</b>		25d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code) <b>8215 Sparks Road (Outside by Pond) Little Rock</b>					
25f. DESCRIBE HOW INJURY OCCURRED: <b>Decedent shot himself in the head.</b>				25g. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
26a. CERTIFIER (Check only one). <input type="checkbox"/> Certifying Physician—To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Physician—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner—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) and manner stated. <input checked="" type="checkbox"/> Coroner—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) and manner stated. <input type="checkbox"/> Hospice Registered Nurse—To the best of my knowledge, death occurred due to the cause(s) and manner stated.					
SIGNATURE <i>Gerone Q. Hobbs</i>		TITLE <b>Coroner</b>		DATE <b>Dec 5, 2013</b> (Mo/Day/Yr)	
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) <b>Gerone Q. Hobbs, Pulaski County Coroner 201 South Broadway, Ste. #340, Little Rock, AR 72201</b>				26c. LICENSE #	
27a. SIGNATURE OF REGISTRAR <i>Paul W. Johnson</i>				27b. FOR REGISTRAR ONLY: DATE FILED (Mo/Day/Yr) <b>Dec. 9, 2013</b>	

To Be Completed / Verified by FUNERAL DIRECTOR

NAME OF DECEDENT For use by holder of Death Certificate

To Be Completed / Verified by MEDICAL CERTIFIER



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH

*Paul W. Johnson*  
Paul W. Johnson  
State Registrar

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