

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

ASSESSOR'S PARCEL NO. (APN#): 1023-00-001-019



KAREN ELLISON, RECORDER

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 28th day of July, 2008, and executed by
Ronald R. & Virginia A. Wilhelm, known as "Grantor(s)" to Ronald R. & Virginia A. Wilhelm,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 727969, on the
4th day of August, 2008 in book 808/574, 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 North 1/2 of Section 16, Township 10 North, Range 23 East. M.D.M., Douglas County, Nevada, being more particularly described as follows:

Parcel 2, 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: 1023-00-001-019

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

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

(Signature)

(Print or type name here)

STATE OF ~~NEVADA~~ ARKANSAS)
COUNTY OF ~~PULASKI~~ 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. 12381068

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) Ronald Richard Wilhelm				2. SEX Male	3a. DATE OF DEATH (Mo/Day/Yr) December 3, 2013	3b. TIME OF DEATH Found <input type="checkbox"/> AM <input type="checkbox"/> PM Unk <input type="checkbox"/> AM <input type="checkbox"/> PM
4. SOCIAL SECURITY NO. ██████████-2537	5a. AGE - Last Birthday (Years) 67	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo/Day/Yr) August 29, 1946	7. BIRTHPLACE (City and State or Foreign Country) Salisbury, NC	
8a. RESIDENCE STATE OR FOREIGN COUNTRY Arkansas		8b. COUNTY Pulaski		8c. CITY OR TOWN Little Rock		8d. ZIP CODE 72210
8e. APT. NO. 72210		8f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8g. NUMBER AND STREET 8215 Sparks Road		
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) Virginia Booker		
12a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Outpatient		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 Pulaski		
12d. FACILITY NAME (If not institution, give number & street) 8215 Sparks Road		12e. CITY OR TOWN Little Rock		12f. ZIP CODE 72210		
13. FATHER'S NAME (First, Middle, Last) Frank Edward Wilhelm		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Herundina Carreiro				
15a. INFORMANT'S NAME Virginia Wilhelm		15b. RELATIONSHIP TO DECEDENT Wife		15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) 8215 Sparks Road, Little Rock, Arkansas 72210		
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. LOCATION - CITY, TOWN, AND STATE North Little Rock, Arkansas		
16c. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) North Little Rock Funeral Home and Cremation				16d. LOCATION - CITY, TOWN, AND STATE North Little Rock, Arkansas		
17a. EMBALMER'S NAME <input checked="" type="checkbox"/> Not Embalmed		17b. EMBALMER'S LICENSE # ██████████		17c. SIGNATURE (FURNERAL SERVICE LICENSEE OR OTHER AGENT) <i>[Signature]</i>		
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY North Little Rock Funeral Home, 1921 Main St. N. Little Rock, Arkansas 72114				17e. LICENSE # 201		
18a. DATE PRONOUNCED DEAD (Mo/Day/Yr) December 3, 2013		18b. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 15:26		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) Patrick McElroy, Chief Deputy Coroner		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. CAUSE OF DEATH					APPROXIMATE INTERVAL: Onset to Death Sudden	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Gun Shot Wound to Head		a. _____ Due to (or as a consequence of)		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.		c. _____ Due to (or as a consequence of)		d. _____ Due to (or as a consequence of)		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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		25. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) Decedent's Home		
25a. DATE OF INJURY (Mo/Day/Yr) December 3, 2013		25b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM Unknown		25d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25c. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code) 8215 Sparks Road (Outside by Pond) Little Rock				25g. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		
25f. DESCRIBE HOW INJURY OCCURRED: Decedent shot himself in the head.						
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>[Signature]</i>		TITLE Coroner		DATE Dec 5, 2013 (Mo/Day/Yr)		26c. LICENSE #
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) Gerone Q. Hobbs, Pulaski County Coroner 201 South Broadway, Ste. #340, Little Rock, AR 72201						26c. LICENSE #
27a. SIGNATURE OF REGISTRAR <i>[Signature]</i>				27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr) Dec. 9, 2013		

To Be Completed / Verified by FUNERAL DIRECTOR

NAME OF DECEDENT For use by Initiator 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



WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

4146717