



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1022-10-001-018)
)
RETURN DOCUMENT TO AND MAIL)
TAX STATEMENT TO:)
)
)
Edwin R Williams)
3811 Slate Court)
Wellington, NV 89444)
)
)
)
)

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).

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
) ss.
County of Douglas)

EDWIN R WILLIAMS being duly sworn, deposes and says that he was the husband of **GLENDA LOUISE WILLIAMS**, the Decedent in the attached certified copy of the Certificate of Death; that the Decedent is the same person as **GLENDA LOUISE WILLIAMS**, named as one of the parties in that certain Deed of Trust date November 13, 2003, executed by , to **EDWIN R WILLIAMS** and **GLENDA LOUISE WILLIAMS**, husband and wife as joint tenants with right of survivorship, recorded as Document No.059667 in the Official Records of Douglas County, Nevada, on November 13,2003 ; and that he is the party named **EDWIN R WILLIAMS** the Deed of Trust dated November 12, 2003, and recorded on November 13,2003 , as Document No 0596677 in the Official Records of Douglas County, Nevada.

The property subject to the above listed deed is commonly known as 3811 Slate Court, County of Douglas, State of Nevada, and more particularly described as:

Lot 75, as shown on the map of **TOPAZ RANCH ESTATES UNIT NO. 2** filed in the office of the County Recorder of Douglas County Nevada on February 20, 1967. Document No.35464 in the Official Records of Douglas County, Nevada

Lot 75 as shown on parcel map for **Edwin G Brown JR. and Coral F Brown**, Trustees of the **Edwin G Brown JR. and Coral F. Brown Family Trust** Dated November 19, 1992 Document No. 0596677

Together with all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

As recited in the attached Certificate of Death, GLENDA LOUISE WILLIAMS died on the 26th day of March 2017, in Wellington, Nevada.

Edwin R Williams

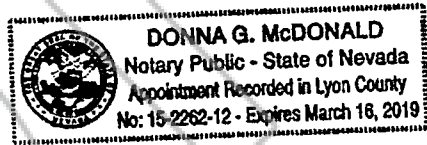
Edwin R Williams

8 May 2017

Date

State of Nevada)
) ss.
County of Lyon)

Subscribed and sworn to on this 8 day may 2017, before me, Donna G McDonald
Notary Public, by



On this 8 day of may, in the year 2017, before me, Donna G. McDonald,

Notary Public, personally appeared Edwin R Williams 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.

Donna G McDonald
NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3948244

CERTIFICATE OF DEATH

2017005684
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) Glenda Louise WILLIAMS		2 DATE OF DEATH (Mo/Day/Year) March 26, 2017		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Wellington		3c HOSPITAL OR OTHER INSTITUTION -Name(if not ether, give street ad 3811 Slate Court		3e If Hosp or Inst. indicate DOA,OP,Emer Rm Inpatient(Specify) Home	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 72	
9a STATE OF BIRTH (if not USCA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 20	
11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Edwin Richard WILLIAMS JR		4 SEX Female	
13 SOCIAL SECURITY NUMBER 2909		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Driver		14b KIND OF BUSINESS OR INDUSTRY Movie	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Wellington	
15d STREET AND NUMBER 3811 Slate Court		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		8 DATE OF BIRTH (Mo/Day/Yr) September 12, 1944	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Glenn BELLOWS			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice ROSENBERY		
18a INFORMANT - NAME (Type or Print) Edwin WILLIAMS		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 3811 Slate Court Wellington, Nevada 89444			
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) DARREN K HILL		20b FUNERAL DIRECTOR LICENSE NUMBER 848		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) JUDITH E ROSSO DO			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) March 29, 2017		21c HOUR OF DEATH 12:30		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Judith E Rosso DO 1520 Virginia Ranch Rd Gardnerville, NV 89410				23b LICENSE NUMBER DO750	
24a REGISTRAR (Signature) BLAISE SATARIANO		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 29, 2017		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				Interval between onset and death	
(a) Metastatic Rectal Adenocarcinoma				11 Years	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				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. Lung Cancer, Anemia, Seizures				26 AUTOPSY (Specify Yes or No) No	
27a ACC SUICIDE, HOMICIDE, UNDET OR PENDING INVEST (Specify)		27b DATE OF INJURY (Mo/Day/Yr)		27c HOUR OF INJURY	
27d DESCRIBE HOW INJURY OCCURRED		27e WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a 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



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: **3/31/2017**

Cody J. Phinney
SIGNATURE AUTHENTICATED

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

