

15

RECORDING REQUESTED BY  
NELLE D. WILCOXSON



KAREN ELLISON, RECORDER

AND WHEN RECORDED MAIL TO

NAME: NELLE D. WILCOXSON  
ADDRESS: 1540 Argonaut Rd  
CITY & STATE: Lakeport, CA 95453

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA, )  
 ) SS. APN: 1420-07-110-004  
County of LAKE )  
NELLE D. WILCOXSON, of legal age, being first duly sworn, deposes and says:  
That EDWARD GEORGE CARTWRIGHT, the decedent mentioned in the attached certified copy of  
Certificate of Death, is same person as EDWARD CARTWRIGHT  
named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated April 18, 2003  
executed by KENT CARTWRIGHT, an unmarried man  
to KENT CARTWRIGHT, an unmarried man, NELLE D. WILCOXSON, as unmarried woman,  
EDWARD CARTWRIGHT and MIRIAM CARTWRIGHT, Husband and wife all  
as joint tenants, recorded as Instrument No. 0574070, on 4-18-2003, in  
book 0403, page 09346, of Official Records of Douglas  
County, Nevada covering the following described property situated in the City of  
County of Douglas, State of Nevada,  
Lot 4 of Valley View Subdivision, as shown on the map thereof,  
filed in the office of the County Recorder of Douglas County,  
Nevada on November 12, 1958, under File No. 13793.

(Commonly known as: 3597 Green Acres Drive, Carson City, NV 89705 )

That the value of all real and personal property owned by said decedent at date of death, including the full value of the  
property above described, did not then exceed the sum of \$ XXXXXXXXXXXXX

*Nelle D. Wilcoxson*

Dated 6/12/2017

NELLE D. WILCOXSON

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to  
which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of *Lake* )  
Subscribed and sworn to (or affirmed) before me on this *12th*  
day of *Jun*, 2017  
by *Nelle D. Wilcoxson*  
proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



Signature *Karen Lee Allen*

(SEAL)

Title Order No.  
Escrow No.

# CERTIFICATION OF DEATH RECORD

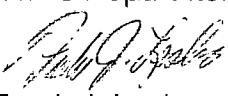
## SPRINGFIELD CITY CLERK SPRINGFIELD, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0008425

DATE ISSUED 2/1/2017

DECEDENT'S LEGAL NAME EDWARD GEORGE CARTWRIGHT			SEX MALE	DATE OF DEATH JANUARY 28, 2017																								
COUNTY OF DEATH SANGAMON	AGE AT LAST BIRTHDAY 99 YEARS		DATE OF BIRTH MARCH 23, 1917																									
CITY OR TOWN SPRINGFIELD		HOSPITAL OR OTHER INSTITUTION NAME LEWIS MEMORIAL CHRISTIAN VILLAGE																										
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY																												
BIRTHPLACE SPRINGFIELD, IL	SOCIAL SECURITY NUMBER [REDACTED]-3745	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES																							
RESIDENCE 717 NORTH OSBURN AVENUE		APT NO.	CITY OR TOWN SPRINGFIELD		INSIDE CITY LIMITS? YES																							
COUNTY SANGAMON	STATE IL	ZIP CODE 62702	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGE H CARTWRIGHT		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORENCE H BINNEY																							
INFORMANT'S NAME CINDY GIBSON		RELATIONSHIP NIECE	MAILING ADDRESS 33 YUKON CIRCLE, BLOOMINGTON, IL, 61705																									
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION BISCH AND SON CREMATORY	LOCATION - CITY OR TOWN AND STATE SPRINGFIELD, IL	DATE OF DISPOSITION FEBRUARY 01, 2017																								
FUNERAL HOME BISCH & SON FUNERAL HOME, 505 EAST ALLEN, SPRINGFIELD, IL, 62703																												
FUNERAL DIRECTOR'S NAME JAMES T WILLIAMSON JR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014879																									
LOCAL REGISTRAR'S NAME FRANK J LESKO			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 1, 2017																									
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 50%;">C DIFF COLITIS</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"><b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b></td> <td style="width: 10%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a</td> <td>_____</td> <td style="text-align: center;">2 WEEKS</td> </tr> <tr> <td></td> <td>b</td> <td>ACUTE KIDNEY INJURY</td> <td style="text-align: center;">2 WEEKS</td> </tr> <tr> <td></td> <td>c</td> <td>_____</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;"><small>Due to (or as a consequence of)</small></td> </tr> </table>						CAUSE OF DEATH	PART I	C DIFF COLITIS	<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b>		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a	_____	2 WEEKS		b	ACUTE KIDNEY INJURY	2 WEEKS		c	_____		<small>Due to (or as a consequence of)</small>					
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	c	_____																										
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PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I HYPERTENSION, ATRIAL FIBRILLATION, ENCEPHALOPATHY				WAS AN AUTOPSY PERFORMED? NO																								
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																								
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL																								
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?																								
LOCATION OF INJURY																												
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY.																								
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 28, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 05:20 PM																								
CERTIFIER PHYSICIAN				DATE CERTIFIED JANUARY 31, 2017																								
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. TROPESH CHANPURA, 1025 SOUTH 6TH STREET, SPRINGFIELD, ILLINOIS, 62703				PHYSICIAN'S LICENSE NUMBER 036132047																								

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

  
 Frank J. Lesko  
 City Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK