DOUGLAS COUNTY, NV

Rec:\$15.00 Total:\$15.00

2017-900960 07/03/2017 01:30 PM

Pgs=2

ROSELLA M. COOK

KAREN ELLISON, RECORDER

APN: 1022-09-001-006

Recording requested by and mail documents and

Tax statements to:

Name: Rosella M. Cook Address: 1525 Hussman Ave Gardnerville, NV 89410

AFFADAVIT OF DEATH

Rosella M. Cook, of legal age, being duly sworn, deposes and says:

That Thomas James Cook, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas J. Cook, named as one of the parties in that certain Corrected Beneficial Deed dated March 29, 2011, executed by Thomas J. Cook and Rosella M. Cook, Joint tenants with right of survivorship to Rosella M. Cook.

The property subject to this Corrected Beneficial Deed is located in the State of Nevada, County of Douglas, Assessor's Parcel Number 1022-09-001-006, commonly known as 1246 Sandstone Drive, Wellington Nevada, more particularly described in previously recorded Document Number 0780796, Book 0311, Page 6413 on March 30, 2011 as:

Lot 106, as shown on the map of TOPAZ RANCH ESTATES No 3, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 21, 1969 as Document Number 44091.

Dated

Rosella M. Cook

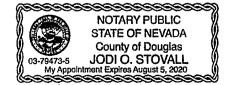
Surviving Joint Tenant

State of Nevada County of Douglas

This instrument was acknowledged before me on

by Rosella M. Cook.

Notary Public



July 3, 2017



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

| SCITY, TOWN, OR LOCATION OF DEATH SA - INSPIRITAL OR OTHER RISTITUTION *Amending deather; pure street Salif Holos, or rast, indicate DOA, OPIE/Prize Male Male Salif Holos, or rast, indicate DOA, OPIE/Prize Male Male Salif Holos, or rast, indicate DOA, OPIE/Prize Male Male Salif Holos, or rast, indicate DOA, OPIE/Prize Male M | 9 | CERTIFICATE OF DEATH | | | | | | | | | 2013007229 | | | | | |
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| Alexander COOK Tale Informant- NAME (Type or Print) Rose COOK Tale Informant- NAME (Type or Print) Rose COOK Tale Informant (Type or Print) Tale BURIAL CREMATION, REMOVAL, OTHER (Specify) SPOSITION Tale BURIAL CREMATION, REMOVAL, OTHER (Specify) SPOSITION Tale BURIAL CREMATION, REMOVAL, OTHER (Specify) Tale LOCATION City or CREMATION CREMATION. Tale BURIAL CREMATION, REMOVAL, OTHER (Specify) Tale LOCATION CREMATION. Tale LOCATION City or Cremation Tale LOCATION City or Communication Tale LOC | , | | | | Gardnerville 1525 Hussm | | | | | | - | Marine Land | | | | |
| 19a. INFORMANT: NAME (Type or Print) 19a. INFORMANT: NAME (Type or Print) 19a. BURNAL, CREMATION, REMOVAL, OTHER (Spearly) 19b. CEMETERY OR CREMATORY: NAME Walton's Sierra Crematory 19a. BURNAL, CREMATION, REMOVAL, OTHER (Spearly) 19b. CEMETERY OR CREMATORY: NAME COURT KOESTLER SIGNATURE AUTHENTICATED 20a. FUNERAL DIRECTOR: SIGNATURE (OF Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED 20b. FUNERAL TRADE CALL: NAME AND ADDRESS RADE CALL TRADE CALL: ANAME AND ADDRESS 27a To the best of my knowledge, deeth occurred at the time, date and place and up to the cause(s) stated (Signature & Time) SIGNATURE AUTHENTICATED 27b. DATE SIGNED (Mo/Day/Yr) 27c. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and did to the cause(s) stated (Signature & Time) May O2, 2013 27c. To the best of my knowledge, deeth occurred at the time, date and place and did to the cause(s) stated (Signature & Time) May O2, 2013 27c. Do the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and did to the cause(s) stated (Signature & Time) May O2, 2013 27c. Do the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and did to the cause(s) stated (Signature & Time) May O2, 2013 27c. Do 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 & Time) May O2, 2013 27c. Do 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 & Time) May O2, 2013 27c. Do the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and did not the cause(s) stated (Signature & Time) May O2, 2013 27c. Do the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and did not the cause(s) stated (Signature & Time) | PARENTS | | | | 17 MOTHER/PARENT - NAM | | | | | The state of the s | | | | | | |
| ROSE COOK ISPOSITION 1825 Hussman Gardnerville, Nevada 99410 1826 LOCATION City or Town State Cremation Walton's Sierra Crematory 1826 FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED 1820 FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED 1820 FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED 1821 Church Street Gardnerville NV 89410 TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED 1822 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Tule) TATAJANA DELEMIUS MD 1600 Medical Parkway Carson City, NV 89703 22a DATE SIGNED (Mo/DayYrr) 22b DATE SIGNED (Mo/DayYrr) 22c PRONOUNCED DEAD AT (Hour) CHARLES AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TATJANA DELEMIUS MD 1600 Medical Parkway Carson City, NV 89703 25 IMMEDIATE CAUSE CAUSE OF DEATH CONDITIONS IF ART I OTHER SIGNIFICANT CONDITIONS Conditions continuing to death but not resulting in the underlying cause given in Part 1 (a) DUE TO, OR AS A CONSEQUENCE OF COLITION OF SIGNATURE OF INJURY OF INJURY AUTHENTICATED 28a ACC, BUICDE HAM, LINCET 28a | | 18a. INFORMANT- NAME (Type | | | | | | | | | | | | | | |
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| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER 13163 24c. DEATH DUE TO COMMUNICABLE DISEASE SIGNATURE AUTHENTICATED 24d. DATE RECEIVED BY REGISTRAR 24d. DATE RECEIV | | due to the cause(s) stated | (Signature & Title) S | IGNATURE / | AUTHENTICAT | da office | the time, da | ate and plac | ce and due | to the cau | ise(s) stated | 1. (Signati | urė & Title) | occurred at | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER 13163 24c. DEATH DUE TO COMMUNICABLE DISEASE SIGNATURE AUTHENTICATED 24d. DATE RECEIVED BY REGISTRAR 24d. DATE RECEIV | CERTIFIER | ပိ ½ May 02, 2013 | 23 | EATH SIGNED (N | | | | N | | | | | - | | | |
| TATJANA DELEMUS MD 1600 Medical Parkway Carson City, NV 89703 13163 REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 02, 2013 YES NO X PART I ASPIRATOR OF CONSEQUENCE OF (b) Aspiration P neumonia DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Acute Renal Failure, Liver Cirrhosis, Severe Pulmonary Hypertension To CORONER (Specify Yes or No) 28d. ACC. SUICIDE, HOM, UNDET 28d. ACC. SUICIDE, HOM, UNDET 28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. City Or TOWN STATE | | (Type or Print) | | | | | | | | | | | | | | |
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| OR PENDING INVEST (Specify) 28e INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R F.D. No. CITY OR TOWN STATE Yes or No) | / / | Acute Renal Failure, Liver Cirrhosis, Severe Pulmonary Hypertension | | | | | | | (Specify Yes or No) TO COI | | | | | | | |
| Yes or No) building, etc. (Specify) | | OR PENDING INVEST (Specify) | 0 | | | | DESCRIBE F | YOW INJURY | OCCURRED | <u> </u> | | | | | | |
| | \ \ | | | Y- At home, fa | rm, street, factory, | office 28 | g. LOCATIO | N ST | REET OR | R F.D. No | . CITY | OR TOW | N | STATE | | |

STATE REGISTRAR

VRS-Rev-20120523a

4527C)

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:

05/06/2013

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

SIGNATURE AUTHENTICATED

