

APN: 1022-09-001-006
Recording requested by and mail documents and
Tax statements to:



KAREN ELLISON, RECORDER

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 7-3-2017

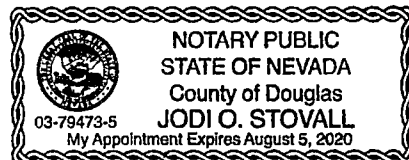
Rosella M. Cook

Rosella M. Cook
Surviving Joint Tenant

State of Nevada
County of Douglas

This instrument was acknowledged before me on July 3, 2017
by Rosella M. Cook.

Jodi O. Stovall
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013007229
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) Thomas James COOK		2. DATE OF DEATH (Mo/Day/Year) April 25, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 27, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Rose FOSSUM	
13. SOCIAL SECURITY NUMBER ██████████ 9662		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Us Marine		14b. KIND OF BUSINESS OR INDUSTRY Us Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1525 Hussman		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alexander COOK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernadine BUZZARD		
18a. INFORMANT- NAME (Type or Print) Rose COOK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1525 Hussman Gardnerville, Nevada 89410			
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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		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) TATJANA DELEMUS MD SIGNATURE AUTHENTICATED			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) May 02, 2013		21c. HOUR OF DEATH 23:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TATJANA DELEMUS MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 13163	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 02, 2013		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					
(a) Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Aspiration Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Colitis Interval between onset and death					
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 I Acute Renal Failure, Liver Cirrhosis, Severe Pulmonary Hypertension				28 AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. 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

3110702

VRS-Rev-20120523a

402701

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.

Rnd What STATE REGISTRAR
SIGNATURE AUTHENTICATED

