



KAREN ELLISON, RECORDER

35-

APN# 1022-16-001-109

Recording Requested by/Mail to  
Name Irma M. Faulkner  
Address 1505 Topaz Ranch Dr  
City/State/Zip Wellington, NV 89444

Mail Tax Statements to.  
Name Irma M. Faulkner  
Address 1505 Topaz Ranch Dr  
City/State/Zip Wellington, NV 89444

Affidavit - Death of Joint Tenant

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law (check applicable)

- Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)
- Judgment – NRS 17 150(4)
- Military Discharge – NRS 419 020(2)

*Irma M. Faulkner*  
Signature

Irma M. Faulkner  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_

**APN: 1022-16-001-109**

**RECORDING REQUESTED BY**

Irma M Faulkner  
1505 Topaz Ranch Dr  
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO

Irma M Faulkner  
1505 Topaz Ranch Dr  
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

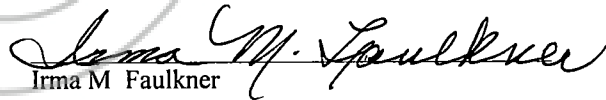
STATE OF NEVADA            )  
  ) ss  
COUNTY OF DOUGLAS        )

Irma M Faulkner, being 18 years or over, being first duly sworn, deposes and says

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas H Faulkner named as one of the parties in that certain Grant, Bargain and Sale Deed dated November 19, 1996, executed by Joanne E Lewallen, a married woman as her sole and separate property, to Thomas H Faulkner and Irma M Faulkner (surviving tenant), husband and wife as joint tenants with right of survivorship, and recorded on December 5, 1996, in Book 1296, Page 0742, Document No 402337 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada

LOT 1 IN BLOCK J, AS SET FORTH ON THE OFFICIAL MAP OF TOPAZ RANCH ESTATES UNIT NO 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON NOVEMBER 26, 1970, IN BOOK 81, PAGE 214, AS DOCUMENT NO 50212, OFFICIAL RECORDS

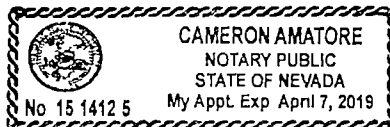
Dated 11-17-2017

  
Irma M Faulkner

State of Nevada            )  
  ) ss  
County of Douglas        )

Subscribed and sworn to (or affirmed) before me on this 17<sup>th</sup> day of November, 2017, by Irma M Faulkner, proved to me on the basis of satisfactory evidence to be the person who appears before me

  
\_\_\_\_\_  
Notary Public



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

## CERTIFICATE OF DEATH

2008015846

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED NAME (FIRST MIDDLE LAST SUFFIX) Thomas Hester <b>FAULKNER</b>			2 DATE OF DEATH (Mo/Day/Year) October 14, 2008		3a COUNTY OF DEATH Washoe			
	3b CITY TOWN OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either give street and number) Renown Regional Medical Center		3e If Hosp or Inst indicate DOA OP/Emer Rm Inpatient(Specify) Inpatient		4 SEX Male		
DECEDENT	5 RACE Black (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE Last birthday (Years) 82	7b UNDER 1 YEAR MOS   DAYS	7c UNDER 1 DAY HOURS   MINS	8 DATE OF BIRTH (Mo/Day/Yr) May 31, 1926		
	9a STATE OF BIRTH (if not U.S.A. name country)North Carolina		9b CITIZEN OF WHAT COUNTRY United States	10 EDUCATION 8	11 MARRIED, NEVER MARRIED WIDOWED DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife give maiden name)Imma SIEBERT		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13 SOCIAL SECURITY NUMBER [REDACTED]-2358		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even If Retired) Mechanic		14b KIND OF BUSINESS OR INDUSTRY Auto		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		
	15a RESIDENCE - STATE Nevada	15b COUNTY Douglas	15c CITY TOWN OR LOCATION Wellington		15d STREET AND NUMBER 1505 Topaz Ranch Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		
PARENTS	16 FATHER - NAME (First Middle Last Suffix) William FAULKNER			17 MOTHER - NAME (First Middle Last Suffix) Lilly					
	18a INFORMANT - NAME (Type or Pnnt) Imma FAULKNER		18b MAILING ADDRESS (Street or R F D No City or Town State Zip) 529-A Center Street Chula Vista, California 91910						
DISPOSITION	19a BURIAL CREMATION REMOVAL OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Sierra Crematory		19c LOCATION City or Town State Reno Nevada 89501				
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TERESA HALL</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE # 812	20c NAME AND ADDRESS OF FACILITY Reno Memorial 253 E Arroyo St Reno NV 89502					
TRADE CALL	TRADE CALL - NAME AND ADDRESS								
CERTIFIER	21a To the best of my knowledge death occurred at the time date and place and due to the cause(s) stated (Signature & Title) <b>FREDERICK ROY MACKINTOSH M.D.</b> 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) October 24, 2008		21c HOUR OF DEATH 21 33		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH		
REGISTRAR	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 Pnnt) Frederick Roy Mackintosh M D 1500 E Second Street #302 Reno, NV 89502					23b LICENSE NUMBER 4302			
CAUSE OF DEATH	24a REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 24, 2008		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))						Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I						1 Week		
	(a) Cerebral hemorrhage						Interval between onset and death		
	DUE TO OR AS A CONSEQUENCE OF Brain metastasis						1 Week		
	(b) DUE TO OR AS A CONSEQUENCE OF Lung cancer						Interval between onset and death		
DUE TO OR AS A CONSEQUENCE OF						1 Year			
(c)						Interval between onset and death			
(d)									
PART II						26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

### 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

DEPUTY REGISTRAR

*Mary A Anderson*  
SIGNATURE AUTHENTICATED

DATE ISSUED 10/29/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev 2008T

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