

Assessor's Parcel Number: 1022-08-002-009)
RECORDING REQUESTED)
AND RETURN TO:)
Dana L. Quigley)
3575 Slate Rd.)
Wellington, NV 89444)
)
MAIL TAX STATEMENTS TO:)
Dana L. Quigley)
3575 Slate Rd.)
Wellington, NV 89444)
)



KAREN ELLISON, RECORDER

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT OF DEATH OF JOINT TENANT

DANA L. QUIGLEY, being duly sworn, deposes and says that she was the wife of the decedent Thomas E. Wilson, in the attached certified copy of the Certificate of Death; that the Decedent is the same person as Thomas E. Wilson, named as one of the parties in that certain Quitclaim Deed dated May 10, 2012, executed by Dana L. Quigley, a married woman, to Dana L. Quigley and Thomas E. Wilson, husband and wife as joint tenants with right of survivorship, recorded as Document No. 802476 in the Official Records of Douglas County, Nevada, on May 17, 2012; and that she is the party named Dana L. Quigley in the certain Quitclaim Deed dated May 10, 2012, and recorded on May 17, 2012, as Document No. 802476 in the Official Records of Washoe County, Nevada.

The property subject to the above listed deed is more particularly described as:

LOT 34, IN BLOCK R, AS SHOWN ON THE MAP ENTITLED TOPAZ RANCH ESTATES, UNIT NO. 4, FILED FOR RECORD NOVEMBER 16, 1970, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50212.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

As recited in the attached Certificate, Thomas E. Wilson died on December 13, 2013 in Douglas County.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Dana L. Quigley

3-27-18
Date

State of Nevada)
) ss.
County of Douglas)

On this 27 day of March, in the year 2018, before me, Michael D. Troutner,
Notary Public, personally appeared Dana L. Quigley 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.


NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2013022244

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 E WILSON		2. DATE OF DEATH (Mo/Day/Year) December 01, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 3575 Slate Rd.		3e. If Hosp. or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 12, 1947		9a. STATE OF BIRTH (If not U S A, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Dana PRELGOVSK	
13. SOCIAL SECURITY NUMBER ██████████-4943		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Musician/actor		14b. KIND OF BUSINESS OR INDUSTRY Film	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3575 Slate Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth James WILSON SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances Margaret MCGEAN		
18a. INFORMANT- NAME (Type or Print) Dana QUIGLEY		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 3575 Slate Rd. 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) 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) RYAN GRANT 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) RYAN GRANT SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) April 02, 2014		21c. HOUR OF DEATH 07:46		22b. DATE SIGNED (Mo/Day/Yr) April 02, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 07:46		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 01, 2013	
22e. PRONOUNCED DEAD AT (Hour) 07:46		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Ryan Grant P O Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 07, 2014		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) Hypertensive and Arteriosclerotic Cardiovascular Disease					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Sepsis due to Cellulitis of the Left Thigh due to an Insect Bite					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) _____					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) _____					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) Yes	
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

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: **04/15/2014**

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

R. D. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

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