

APN# 1420-07-611-050



00074026201809147980040040
KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: LYNN KAY CERMAK
Address: 3572 SHADOW LN
City/State/Zip: CARSON CITY NV 89705

Mail Tax Statements to:

Name: SAME
Address: _____
City/State/Zip: _____

AFFIDAVIT OF DEATH
Title of Document (required)

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

The undersigned hereby affirms that the document submitted for recording contains 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)

Lynn Kay Cermak
Signature

LYNN KAY CERMAK
Printed Name

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

Affidavit of Death

STATE OF NEVADA
COUNTY OF DOUGLAS

I, LYNN CERMAK, residing at 3572 SHADOW LN, CARSON CITY, NEVADA 89705, being of legal age, depose and say that:

That FRANCIS EARL CERMAK,
_____ died on 8-04-2014 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in _____ for administration of the descendant's estate.

Oath of Affirmation:

I certify under penalty of perjury under NEVADA law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

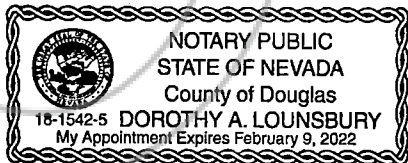
Lynn Cermak
_____ Lynn Cermak
05/29/2018 Date

STATE OF Nevada, COUNTY OF Douglas, ss:

Dorothy Lounsbury
_____ Notary Public

Signed and sworn to before
me on May 29th, 2018
by Lynn Cermak.

LYNN KAY CERMAK
_____ Title (and Rank)



My commission expires 02/09/2022

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014012784
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) Francis Earl CERMAK		2 DATE OF DEATH (Mo/Day/Year) August 04, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3572 Shadow Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 79		7c. UNDER 1 DAY HOURS MINS	
5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1934	
9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Lynn Kay MARTELL			
13 SOCIAL SECURITY NUMBER ██████-2859		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Brick Layer		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3572 Shadow Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16 FATHER/PARENT - NAME (First Middle Last Suffix) John A CERMAK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence ROGAN		
18a INFORMANT- NAME (Type or Print) Lynn Kay CERMAK			18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3572 Shadow Lane Carson City, Nevada 89705		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
20c. NAME AND ADDRESS OF FACILITY					
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) SIGNATURE AUTHENTICATED KAREN SUE MCDERMOTT M.D.			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) August 08, 2014			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 18:08			22c. HOUR OF DEATH		
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 Print) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) NICOLE SHORE			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 11, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)			24c. DEATH DUE TO COMMUNICABLE DISEASE		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Acute Myelogenous Leukemia Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				26 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

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.

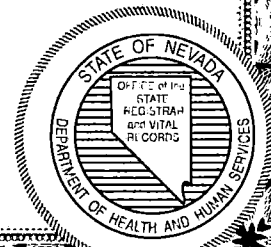
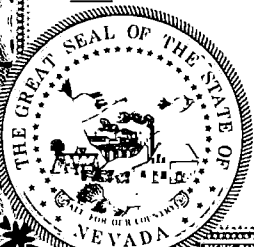
DATE ISSUED: **08/11/2014**

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

3784995



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE