



KAREN ELLISON, RECORDER

APN:1022-10-001-094
Recording request by, mail documents
and tax statements to: William D. Minter, Sr.
3830 Sandstone Drive, Wellington, NV 89444
Death Certificate contains a social security
of Deceased listed herein pursuant to and
under NRS 440.380(1) & NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)S.s.
County of Douglas)

I, William D. Minter, Sr., husband, who is of legal age, being first duly sworn, deposes and says: That the joint tenant, my wife, Norma J. Minter, is the Decedent who died in Nevada on 12/29/2010, who is mentioned in the attached certified copy of Certificate of Death. She is the same person as Norma J. Minter, named as a Joint Tenant with first rights of survivorship in that certain Grant Bargain and Sale Deed, signed on 8-15-91, as ID No.# _____, recorded on as File 258790 in Book 291, Page 4434 of Official Records of Douglas County Recorder's Office, Nevada, the property located at 3830 Sandstone Drive, Wellington, Douglas County, Nevada 89444, APN# 1022-10-001-094, legally described as "Exhibit A," attached.

That I hereby state I am Joint Tenant of said property and my wife, the other Joint Tenant listed on the Deed, has died on 12/29/2010.. I certify that there are social security number herein the Death Certificate attached, per NRS 440.380(1) & NRS 40.525 (5).

DATED August 27, 2018.

William D Minter Sr
William D. Minter, Sr., Surviving Joint Tenant

State of Nevada)
)S.s.
County of Douglas)

ACKNOWLEDGMENT

Sworn /subscribed to before me, notary public for Nevada, Douglas County, on August 27, 2018, personally appeared William D. Minter, Sr., identified, who signed this document of his own voluntary free will, act and deed, for the purposes and uses listed herein.

Shannon Russell
NOTARY PUBLIC

SHANNON RUSSELL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 10-01-2020
Certificate No: 12-9537-5

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010019843
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) Norma Jean MINTEER		2. DATE OF DEATH (Mo/Day/Year) December 29, 2010		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) Continuecare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 29, 1936		9a. STATE OF BIRTH (If not U.S.A., name country) Ohio		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) William D MINTEER	
13. SOCIAL SECURITY NUMBER [REDACTED] 8151		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3830 Sandstone Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. EVER IN US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Alfonso COLANERI			17. MOTHER - NAME (First Middle Last Suffix) Helen Sadie COPPOLA		
18a. INFORMANT- NAME (Type or Print) William D MINTEER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3830 Sandstone Drive Wellington, Nevada 89444		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) JOSE ALFREDO AGUIRRE 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) January 03, 2011		21c. HOUR OF DEATH 17:58		22b. DATE SIGNED (Mo/Day/Yr)	
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) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11479
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 05, 2011		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 DUE TO, OR AS A CONSEQUENCE OF: (b) End Stage Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (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 1.					Interval between onset and death
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

3573343

367186

CERTIFIED COPY OF VITAL RECORDS

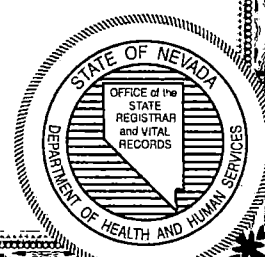
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 01/05/2011

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20100218



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE