

APN# 1420-27-810-005

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2555187

Affidavit - Terminating Joint Tenancy (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 111.312

(State specific law)

Natalie Frey - EO
Signature Title

Natalie Frey
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

**STATE OF COLORADO
CERTIFICATION OF VITAL RECORD**

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052017008391

DECEDENT'S LEGAL NAME DONALD RAYMOND GORDON				DATE OF DEATH MARCH 20, 2017				
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED] 6977	AGE-Last Birthday (Years) 78	UNDER 1 YEAR Months	UNDER 1 DAY Days	DATE OF BIRTH (Mo/Day/Yr) APRIL 06, 1938	BIRTHPLACE (State or Foreign Country) MONTANA		
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME					
Facility Name (if not Institution, give street & number) 3740 N BENNETT STREET			CITY, TOWN OR LOCATION OF DEATH DURANGO		COUNTY OF DEATH LA PLATA			
RESIDENCE - STREET AND NUMBER 3740 N BENNETT STREET				APT. NO.	ZIP CODE 81301	INSIDE CITY LIMITS YES		
RESIDENCE STATE COLORADO			COUNTY LA PLATA		CITY OR TOWN DURANGO			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) PROFESSOR				KIND OF BUSINESS/INDUSTRY EDUCATION		DECEDENT'S EDUCATION DOCTORATE OR PROFESSIONAL DEGREE		
DECEDENT OF HISPANIC ORIGIN				DECEDENT'S RACE White				
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If not give name prior to first marriage) SHARON LAVONE GELLEN					
FATHER'S NAME HAROLD GORDON			MOTHER'S NAME PRIOR TO FIRST MARRIAGE VIVIAN WANDER WALKER					
INFORMANT'S NAME SHARON GORDON			INFORMANT'S RELATIONSHIP TO DECEDENT SPOUSE					
NAME OF FUNERAL HOME HOOD MORTUARY				CITY AND STATE OF FUNERAL HOME DURANGO COLORADO		WAS CORONER NOTIFIED NO		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HOOD MORTUARY CREMATORY		LOCATION CITY, COUNTY, STATE DURANGO LA PLATA COLORADO				
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)								
DESCRIBE HOW INJURY OCCURRED								
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH 02:30 PM		DATE PRONOUNCED DEAD (MO/D/YR) MARCH 20, 2017		TIME PRONOUNCED DEAD 03:00 PM		
MANNER OF DEATH NATURAL		WAS AN AUTOPSY PERFORMED? NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?				
CAUSE OF DEATH								
PART I		Enter the chain of events, diseases, injuries, or conditions which directly caused the death.					Approximate interval Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. MYELODYSPLASTIC SYNDROME					1 WEEK	
		b. ACUTE LEUKEMIA					3 YEARS	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		c.						
		d.						
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I								
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN LAUREN N LOFTIS MD 316 SAWYER DRIVE DURANGO CO 81301				DATE SIGNED MARCH 21, 2017				
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER				DATE SIGNED				
DATE FILED BY REGISTRAR MARCH 21, 2017								

DATE ISSUED **MARCH 22, 2017**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



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