

APN#: 1420-18-113-001

Recording Requested By:

eTRCo. LLC.

When Recorded Mail To:

Shelia Allen

505 W. Owens
Carbondale, IL
62901

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Wendy Dunbar

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Shelia Allen, of legal age, being first duly sworn, deposes and says:

That David Charles Allen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David Charles Allen named as one of the parties in that certain Grant Deed dated 11/21/2000 executed by David C. Allen to David C. Allen and Shelia A. Allen, as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 0503671, on 11/21/2000, in Book 1100, Page 4001, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 147 in Block B as shown on the plat of SILVERADO HEIGHTS NO. 2, filed for record in the office of the County Recorder of Douglas County, Nevada, on as Document No. 33717 and certain Certificate of Amendment Recorded December 20, 1994 in Book 1294, Page 2904 as Instrument No. 352879 of Official Records.

Dated

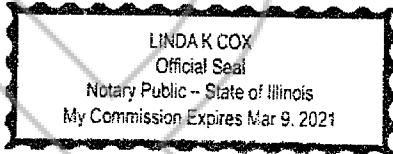
2-11-19

Shelia A Allen
Shelia A. Allen, Surviving Joint Tenant

STATE OF ~~NEVADA~~ ^{IL} Illinois)SS
COUNTY OF Jackson

This instrument was acknowledged before me on February 11, 2018
by Shelia A. Allen _____

Linda K Cox
Linda K Cox Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011018588
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) David Charles ALLEN		2. DATE OF DEATH (Mo/Day/Year) November 24, 2011		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) 3390 Vista Grande Blvd		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 17, 1933		9a. STATE OF BIRTH (If not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Shelia PETERSON	
13. SOCIAL SECURITY NUMBER ██████-7620		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Industrial Maintenance Mechanic		14b. KIND OF BUSINESS OR INDUSTRY General Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3390 Vista Grande Blvd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry ALLEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha FERGUSON		
18a. INFORMANT- NAME (Type or Print) Shelia ALLEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3390 Vista Grande Blvd Carson City, Nevada 89705			
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) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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 JORGE HERNAN PEREZ-CARDONA 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) December 01, 2011		21c. HOUR OF DEATH 15:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH			
21e. 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) Jorge Hernan Perez-Cardona M.D. 1000 N. Division Street #104 Carson City, NV 89703				23b. LICENSE NUMBER 10108	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 01, 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) Pancreatic Cancer Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
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.				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

3626908

413292

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:

12/05/2011

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev. 20110104

