

APN: 25-546-03
RECORDING REQUESTED BY:
CHRIS MacKENZIE, ESQ.
ALLISON, MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Denise McLeod
P.O. Box 1677
Minden, Nevada 89423

The party executing this document affirms that this document DOES contain a social security number as required by law per NRS 440.380(1)(a) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

Denise Y. McLeod, of 1663 Mackland Avenue, Minden, Nevada 89423, being first duly sworn, deposes and says:

That Norman James McLeod, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Norman J. McLeod named as one of the parties in that certain Joint Tenancy Deed recorded on July 1, 1988, as Document No. 181429, executed by Larry F. Naugle, which transferred the subject real property to Norman J. McLeod and Denise Y. McLeod, husband and wife as joint tenants, recorded in the official records of Douglas County, State of Nevada, covering the following described real property situated in the City of Minden, County of Douglas, State of Nevada:

a portion of the Northeast ¼ of Section 31, Township 13 North, Range 20 East, M.D.B. & M., more particularly described as follows:

Parcel 2, as shown on that certain PARCEL MAP for MACK LAND AND CATTLE COMPANY, filed for record in the office of the County Recorder of Douglas County, Nevada, on July 26, 1984, in Book 784, Page 2462, as Document No. 104170, of Official Records.

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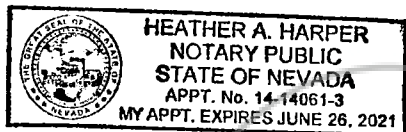
(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada on July 1, 1988, as Document No. 181429.)

I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 20 day of JUNE, 2019.


Denise Y. McLeod

On June 20, 2019, personally appeared before me, a notary public, Denise Y. McLeod, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.




NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4082241

CERTIFICATE OF DEATH

2019009932
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Norman James MCLEOD		2 DATE OF DEATH (Mo/Day/Year) May 14, 2019		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) Carson Tahoe Continued Care		3e If Hosp or Inst indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 76	
	7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) February 22, 1943	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) Alberta		9c CITIZEN OF WHAT COUNTRY Canada		10 EDUCATION 13	
	11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Denise GENEST			
PARENTS	13 SOCIAL SECURITY NUMBER [REDACTED]-7099		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
DISPOSITION	16 FATHER/PARENT - NAME (First Middle Last Suffix) Norman Laughlin MCLEOD		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Marian Zelma KOCHER			
	18a INFORMANT - NAME (Type or Print) Denise MCLEOD		18b MAILING ADDRESS (Street or R F D No, City or Town, State Zip) PO Box 1677 Minden, Nevada 89423			
TRADE CALL	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) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
CERTIFIER	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated; (Signature & Title) DINADELLE VIOLA 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) May 20, 2019		21c HOUR OF DEATH 19:07		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) Dinadelle Viola MD 1600 Medical Parkway Carson City, NV 89703		23b LICENSE NUMBER 14436			
CAUSE OF DEATH	24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 2019		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		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest		Interval between onset and death			
	(b) Aspiration Pneumonia		Interval between onset and death			
	(c) Fungemia		Interval between onset and death			
	(d) Anemia		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 Hypertension, Urinary Tract Infection, Thrombocytopenia, Unknown Etiology		26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a ACC, SUICIDE HOM, UNDET OR PE-INDING INVEST (Specify)		28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY		
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		



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.

Jan Skyles
Interim Administrator

DATE ISSUED: 5/21/2019

STATE REGISTRAR

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

