



KAREN ELLISON, RECORDER

APN: 1420-18-214-035
Return document to:
Thomas Hennessy
77 Talmadge Ave.
Iselin, N.J. 08830

Mail tax statements to:
Thomas Hennessy
77 Talmadge Ave.
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STATE OF Nevada)
COUNTY OF Douglas)

AFFIDAVIT OF DEATH OF JOINT TENANT
Under NRS 111.365

THE AFFIANT, Thomas Hennessy , being first duly
sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Kathleen Pamela Verrilli , the decedent mentioned in
the attached certified Certificate of Death, who died August 6, 2019
in Carson City, Nevada , is the same person as
Kathleen Verrilli
3. That the affiant and the decedent were both grantees in that certain
grant,bargain,sale deed dated March 21, 2013 , recorded
July 9, 2013 , as document or file number 0826816 , book
0713 , at page 1796 , records of Douglas
County, Nevada, and executed by the grantor, Thomas Hennessy and
Kathleen Verrilli
to the grantee(s), Thomas Hennessy and Kathleen Verrilli
as joint tenants with right of survivorship , covering the real property
commonly known as 875 Coloma Drive, , City of
Carson City , County of Douglas , State of Nevada, more
particularly described as:

SEE Exhibit A

4. That the relationship between the affiant and the decedent was that of:
Engaged to be married

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

IN WITNESS WHEREOF, I set my hand this 21 day of August, 2019.

Thomas Hennessy
Affiant
Thomas Hennessy
Print name

Construe all terms with the appropriate gender and quantity required by the sense of this instrument.

Subscribed and sworn to on this 21st day of August, in the year 2019, before me, Jodi O Stovall,
by Thomas Hennessy.

Jodi O Stovall
Notary Public
Jodi O Stovall
Print name
My commission expires: 8-5-20

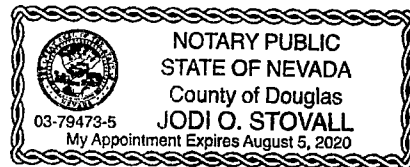
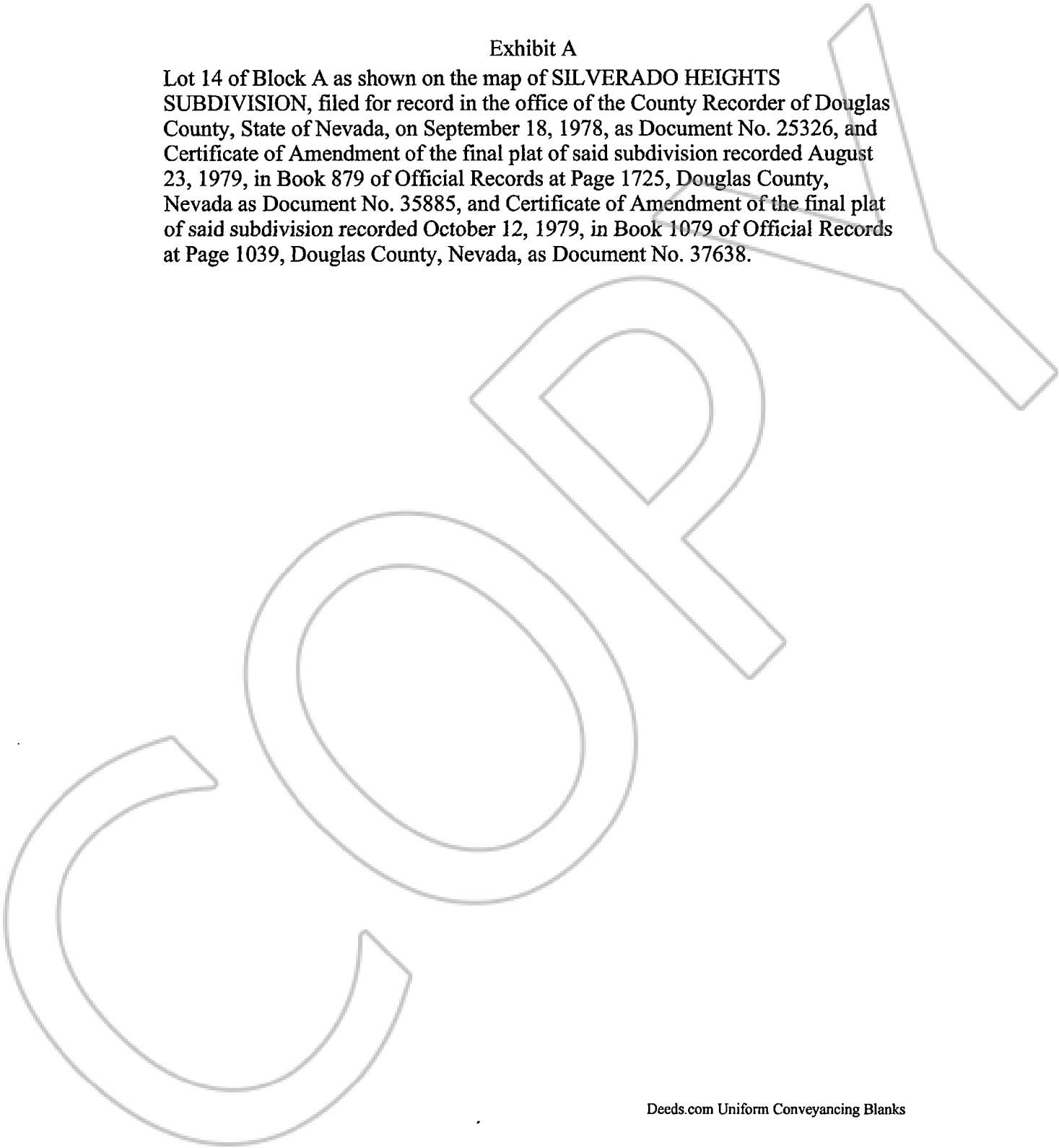


Exhibit A

Lot 14 of Block A as shown on the map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 18, 1978, as Document No. 25326, and Certificate of Amendment of the final plat of said subdivision recorded August 23, 1979, in Book 879 of Official Records at Page 1725, Douglas County, Nevada as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079 of Official Records at Page 1039, Douglas County, Nevada, as Document No. 37638.



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4096511

CERTIFICATE OF DEATH

2019016091
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) Kathleen Pamela VERRILLI		2 DATE OF DEATH (Mo/Day/Year) August 06, 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 Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 57		7b. UNDER 1 YEAR (MOS DAYS)		7c UNDER 1 DAY (HOURS MINS)	
8 DATE OF BIRTH (Mo/Day/Yr) February 28, 1962		9a STATE OF BIRTH (If not US/CA, name country) New Jersey		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11 MARITAL STATUS (Specify) Divorced		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER 5843		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY MEDICAL	
15a. RESIDENCE - STATE Nevada		15b COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 875 Coloma St		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Arthur DONNELLY			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Adelaide MCCANN		
18a INFORMANT - NAME (Type or Print) Tom HENNESSY		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State Zip) 77 Talmadge Ave Iselin, New Jersey 08830			
19a BURIAL, CREMATION, REMOVAL. OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr 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) ROY H SEXTON MD			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 15, 2019		21c HOUR OF DEATH 06:28		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		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) Roy H Sexton MD 1600 Medical Parkway Carson City, NV 89703			
23b LICENSE NUMBER 14938		24a REGISTRAR (Signature) ANGELICA RAMIREZ		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 15, 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		(a) Cardiopulmonary Arrest Interval between onset and death			
}		(b) Acute Hypoxic Respiratory Failure Interval between onset and death			
}		(c) Acute Kidney Injury Interval between onset and death			
}		(d) Acute Gastrointestinal Hemorrhage 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 Hyperlipidemia, Cirrhosis, 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 PENDING INVEST (Specify)			
28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY		28j. 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	

000782419



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.

8/19/2019

DATE ISSUED:

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

Lucy Skyles
Administrator

STATE REGISTRAR

