

APN# : 1320-32-714-001

DOUGLAS COUNTY, NV      **2019-935129**  
Rec:\$35.00  
\$35.00      Pgs=3      09/13/2019 12:00 PM  
ETRCO  
KAREN ELLISON, RECORDER

**Recording Requested By:**  
Western Title Company

**When Recorded Mail To:**  
Paul G. Walker Jr  
PO Box 1047  
Dayton, NV 89403

**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** \_\_\_\_\_  
*Laeha Hill*      *[Signature]*  
**Laeha Hill**      **Escrow Assistant**

**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**

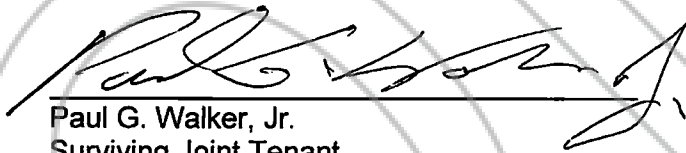
Paul G. Walker, Jr., of legal age, being first duly sworn, deposes and says:

That Vanessa C. Walker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vanessa C. Walker named as one of the parties in that certain Grant, Bargain, Sale Deed dated 3/5/2003 executed by Paul G. Walker and Vanessa C. Walker, husband and wife to Paul G Walker, Jr. and Vanessa C. Walker, husband and wife as joint tenants as joint tenants, recorded as instrument No. 569381, on 3/10/2003, in Book 0303, Page 03253, 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 16, of SIERRA MEADOWS SUBDIVISION PHASE I, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on May 18, 1977, in Book 577, Page 952, as Document No. 09292.

Dated 9/11/19

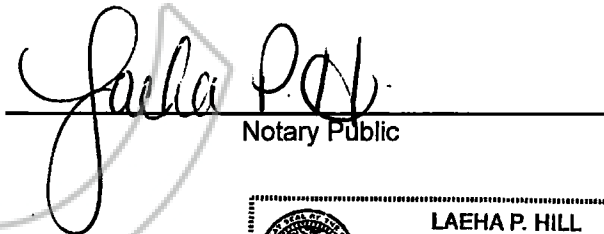
  
Paul G. Walker, Jr.  
Surviving Joint Tenant

STATE OF NEVADA }SS  
COUNTY OF DOUGLAS

This instrument was acknowledged before me on

9/11/19

By Paul G. Walker, Jr.

  
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. 4014599

**CERTIFICATE OF DEATH**

2018007666  
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) <b>Vanessa Carol WALKER</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 13, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar <b>1172 Meadow Court</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emr. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Female</b>
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>64</b>	7b. UNDER 1 YEAR MOS <b>64</b>	7c. UNDER 1 DAY HOURS <b>64</b>	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 03, 1953</b>
9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>
13. SOCIAL SECURITY NUMBER <b>-0853</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Casino Worker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Casino</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1172 Meadow Court</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Carl VALDERE</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Patricia Clare</b>		
18a. INFORMANT- NAME (Type or Print) <b>Paul Glenn WALKER</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1172 Meadow Court Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502</b>		
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) <b>Signature AUTHENTICATED GERALD L. COTTRELL MD</b>			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) <b>April 19, 2018</b>		21c. HOUR OF DEATH <b>14:34</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) <b>Gerald L. Cottrell MD 1702 County Rd Minden, NV 89423</b>					23b. LICENSE NUMBER <b>6778</b>	
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT SIGNATURE AUTHENTICATED</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 19, 2018</b>		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	
(a) <b>Respiratory Arrest</b>					30 Min	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Chronic Obstructive Pulmonary Disease</b>					Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Bronchiectasis</b>					Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:					18 Months	
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) <b>No</b>	
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

VRS-Rev-20120523a

000717971



CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

STATE REGISTRAR

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

