

APN# ~~15-051-17~~  
1420-27-810-019

**Recording Requested by:**

**Name:** JACQUELINE SIMMONS

**Address:** 2809 WADE ST

**City/State/Zip:** MINDEN, NV 89423

**Mail Tax Statements to:**

**Name:** JACQUELINE SIMMONS

**Address:** 2809 WADE ST

**City/State/Zip:** MINDEN, NV 89423



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

**Title of Document  
(Required Field)**

**The Undersigned Hereby Affirms That This Document Submitted For Recording  
Contains Personal Information As Required By Law: (check applicable)**

- Affidavit of Death - NRS 440.380 (1)(A) and NRS 40.525 (5)
- Judgment - NRS 17.150 (4)
- Military Discharge - NRS 419.020 Sec. (2)

Jacqueline Simmons  
**Signature**

JACQUELINE SIMMONS, TRUSTEE  
**Print Name Capacity**

**If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

2011005381  
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>Floyd Pitts SIMMONS JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 04, 2011</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Veterans Hospital</b>		3e. If Hosp. or Instl. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>65</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Jacqueline Michelle DUELKS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 09, 1945</b>	
13. SOCIAL SECURITY NUMBER <b>4431</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Environmental Systems Maintenance</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>United States Military</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2809 Wade Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		11. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Floyd Pitts SIMMONS SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sybil Dolan SNODGRASS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jacqueline Michelle SIMMONS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2809 Wade Street Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</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>REED W. DOPF MD</b> <i>SIGNATURE AUTHENTICATED</i>			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 06, 2011</b>		21c. HOUR OF DEATH <b>21:15</b>		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) <b>REED W. DOPF MD 1000 Locust St. Reno, NV</b>				23b. LICENSE NUMBER <b>LL1712</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 12, 2011</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					
(a) <b>Metastatic brain cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Renal cell carcinoma</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Etiology unknown</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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

000367220 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.

DEPUTY REGISTRAR

*BL Bridges*

DATE ISSUED: **JAN 21 2020** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

