

APN No.: 1319-04-001-003

Escrow No.: 20010760-CT

Recording Requested By:  
First Centennial Title Company of Nevada  
896 W Nye Ln, Ste 104  
Carson City, NV 89703

When Recorded Return to:  
First Centennial Title Company of Nevada  
896 W Nye Ln, Ste 104  
Carson City, NV 89703

Mail Tax Statements to:  
**William C. Hutchison, III and Carole Hutchison**  
2442 Centennial Drive  
Genoa, NV 89411

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

(Title of Document)

Please complete Affirmation Statement below:

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 as required by law: NRS 440.380 (1)(A) (state specific law).

Tamara Pruzzo  
SIGNATURE

TITLE OFFICER  
TITLE

TAMARA PRUZZO  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

SPACE BELOW FOR RECORDER

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Escrow No. 20010760-CT

When Recorded Return to:  
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2442 Centennial Drive  
Genoa, NV 89411

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**AFFIDAVIT - DEATH OF JOINT TENANT**


William C. Hutchison III, of legal age, being duly sworn, deposes and says

That Carole Hutchison the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Carole Hutchison named as one of the parties in that certain Quit Claim Deed dated July 29, 1999 executed by William C. Hutchison III and Carol Hutchison, husband and wife as joint tenants to William C. Hutchison III and Carole Hutchison, husband and wife as joint tenants recorded as Instrument No. 474110, on August 9, 1999 in Book 899 Page 1656 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 3, of Genoa Estates, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on March 7th, 1966, as Document No. 31256..

Together with a Common Driveway easement for the benefit of Lots 2 and 3 of Genoa Estates, as set forth in document recorded October 10, 2002, in Book 1002, Page 4083, as Document No. 554421, Official Records, Douglas County, Nevada.

Assessors Parcel No.: 1319-04-001-003

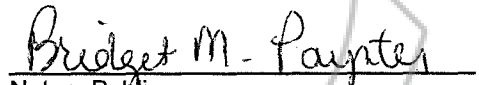
  
William C. Hutchison III

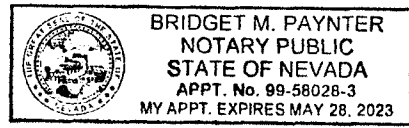
Dated: 12/1/2020

STATE OF NEVADA

COUNTY OF Carson City

This instrument was acknowledged before me on this 1 day of December, 2020, by William C. Hutchison III

  
Notary Public



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

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

**CERTIFICATE OF DEATH**

2015002590

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>Carole Mae HUTCHISON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 01, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>2442 Centennial Dr</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): <b>Home</b>	
4. SEX <b>Female</b>		5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 22, 1940</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>17+</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) <b>William C HUTCHISON III</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-5785</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>2442 Centennial Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert E SMITH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nina A DECKER</b>		
18a. INFORMANT- NAME (Type or Print) <b>William C HUTCHISON III</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2442 Centennial Dr Genoa, Nevada 89411</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>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
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>DAMON ZAVALA DO</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>February 06, 2015</b>		21c. HOUR OF DEATH <b>16:45</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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) <b>Damon Zavala DO 235 West 6th Street Reno, NV 89503</b>				23b. LICENSE NUMBER <b>992</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 19, 2015</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>Uterine Cancer</b>				Interval between onset and death	
(b) <b>Metastasis To The Lungs</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (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

3815994

566887

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:

2/20/2015

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

*R. White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

VRS-Rev-20120523a

