

DOUGLAS COUNTY, NV **2023-997141**
Rec:\$40.00
\$40.00 Pgs=4 **06/06/2023 08:56 AM**
STEWART TITLE COMPANY - NV
SHAWNYNE GARREN, RECORDER

A.P.N. No.:	1320-02-001-079
File No.:	2001199 sa
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Mary Louise Edmonson	
335 Imperial Road	
Dayton, NV 89403	

(for recorders use only)

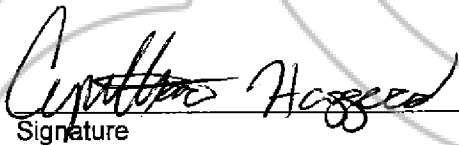
Affidavit of Death of Joint Tenant (Title of Document)

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

- 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


Signature

Escrow Assistant
Title

Cynthia Haggard
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.

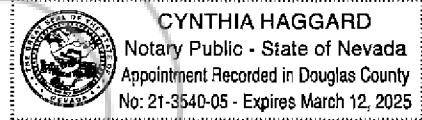
(Additional recording fee applies)

Mary Louise Edmonson
Mary Louise Edmonson

State of Nevada)
County of Douglas) ss

This instrument was acknowledged before me on the 16 day of May, 2023
By: Mary Louise Edmonson

Signature: Cynthia Haggard
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

93 002256

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last Leon C. EDMONSON			DATE OF DEATH (Month, Day, Year) 2 March 9, 1993		COUNTY OF DEATH Carson City
CITY, TOWN, OR LOCATION OF DEATH Carson City			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emer. Rm. 2
RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years) 57	DATE OF BIRTH (Mo., Day, Yr.) October 24, 1935
STATE OF BIRTH (If not U.S.A., name country) Montana		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	
SOCIAL SECURITY NUMBER 4610		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Custodian 453		KIND OF BUSINESS OR INDUSTRY Storey County 901	
RESIDENCE—STATE Nevada	COUNTY Carson City	CITY, TOWN, OR LOCATION Carson City		STREET AND NUMBER 6 Cowe Drive	INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER—NAME First Middle Last Benjamin Edmonson			MOTHER—MAIDEN NAME First Middle Last Alice Gardner		
INFORMANT—NAME (Type or Print) Tina Edmonson			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1756 N. Lompa #B Carson City, Nevada 89706		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—NAME Sierra Memorial Gardens		LOCATION City or Town State Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Willa [Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 21		NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop St. Carson City, Nv. 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.)		22a. On the basis of examination and investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		HOUR OF DEATH 03-10-93		22c. PRONOUNCED DEAD (Mo., Day, Yr.) 0609	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Dennis Green Coroner 901 E. Musser Carson City, Nv. 89701		22d. ON Mar. 9, 1993		22e. AT 0609	
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 10, 1993		DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Diabetes Mellitus					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY (Specify) 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

No. 050512



STATE REGISTRAR
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: **APR 26 2023**

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

[Signature]
STATE REGISTRAR
Administrator

