APN: 009-240-11

MAIL RECORDED DOCUMENT TO:
Darlene S. Herrera
1590 Mizpah
Winnemucca, NV 89445

MAIL TAX STATEMENT TO:
Darlene S. Herrera
1590 Mizpah
Winnemucca, NV 89445

DOC # 0220170
03/26/2012 08:54 AM
Official Record
Recording requested By
DARLENE HERRERA
Eureka County - NV
Mike Rebaleati - Recorder
Fee. $16.00 Page 1 of 3
RPTT Recorded By FES
Book- 530 Page- 0231

0220170

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF Humboldt)

DARLENE S. HERRERA hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is the surviving spouse of MELCHER HERRERA, one of the grantees named in the Joint Tenancy Deed, recorded as Document in Book _____, Page _____ of Official Records in the office of the County Recorder of Eureka County, State of Nevada, covering the real property situate in the County of Eureka, State of Nevada, and more particularly described as:

Township 19 North, Range 53 East, Section 27, S.E. 1/4.

2. EDNA PETERS, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 27th day of December, 2961, in the State of California.

3. EDNA PETERS and MELCHER HERRERA purchased the above described property as joint tenants with right of survivorship.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

Dated this 2 day of ~~September~~ November, 2011.

Darlene S. Herrera
Darlene S. Herrera

///

Subscribed and Sworn to before me
this 2nd day of ~~September~~ November, 2011,
by Darlene S. Herrera.

Laura D. Lecumberry
Notary Public

LAURA D. LECUMBERRY
Notary Public - State of Nevada
Appointment Recorded in Humboldt County
No: 99-37847-9 - Expires September 5, 2015

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER 61-132898

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3801 9991

27X

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
EDNA	FRANCES	PETERS	DEC. 27, 1961	2:20 P. M.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
F	CAUC.	Nevada	Oct. 9, 1919	42 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
Edward Herrera -SPAIN	Katherine Corta -NEVADA	U.S.A.	[redacted]

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, STATE)	15. KIND OF INDUSTRY OR BUSINESS
Waitress	2	Woolworth Co.-Reno	---

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
No	Married	Daniel Peters	Golf Course Foreman

G 875-1 430 1111

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER)		
University of California Hospitals	3rd and Parnassus	☒ WITHIN CITY CORPORATE LIMITS	☐ OUTSIDE CITY CORPORATE LIMITS

19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
San Francisco	San Francisco	15 DAYS YEARS	42 YEARS

LAST USUAL RESIDENCE

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER)	20b. IF INSIDE CITY CORPORATE LIMITS, CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
245 Pt San Pedro	☒		- - -

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OR ABOVE)
San Rafael	Marin	California	- - -

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, AND FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 12/12/61 TO 12/27/61. AND THAT I SAW THE DECEASED ALIVE ON 12/27/61.

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ____ ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

22c. PHYSICIAN OR CORONER—SIGNATURE (DEGREE OR TITLE) ▶ Malcolm M. McHenry Jr MD

22d. ADDRESS UNIV. OF CALIFORNIA HOSPITALS

22e. DATE SIGNED 12/27/61

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. METHOD OF DISPOSITION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Removal	12-29-61	Burns Fun. Home, Elko, Nevada	[signature] 4509

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28. DATE ACCEPTED FOR REGISTRAR (LOCAL REGISTRAR)	29. LOCAL REGISTRAR—SIGNATURE
daphne SFFS One Church	DEC 29 1961	▶ [signature]

7543

CAUSE OF DEATH

30. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIOVASCULAR COLLAPSE AND PULMONARY EDEMA — 20 Min.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

DUE TO (b) CARDIAC ARRHYTHMIA — 20 Min.

DUE TO (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7543

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

ATRIAL SEPTAL DEFECT (REPAIRED)---CIRRHOSIS

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE: ☐ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☒ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE: ☐ NO AUTOPSY PERFORMED ☒ AUTOPSY PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH
	12/15/61	

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. MATTERS OF FURTHER DETAIL SHOULD BE REPORTED IN PART I OR PART II OF THIS ITEM)

35a. TIME OF INJURY HOUR	MONTH	DAY	YEAR
M.			

35b. INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	35d. CITY, TOWN, OR LOCATION	COUNTY	STATE

Rev 1-1-58 Form VS-11

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Effective March 1, 2011, Linette T Scott, MD, MPH, is the State Registrar of Vital Records.
This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records
by:

DATE ISSUED AUG 15 2011

Linette T Scott

LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION
This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
(Rev) 11/08

* 0 0 3 2 1 3 1 7 3 *

GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

CDPH California Department of Public Health PublicHealth