

**Official Record**Recording requested By  
HENRY W. CAVALLERA

Lincoln County - NV

Leslie Boucher - Recorder

Fee \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 269 Page- 0184



0140425

**Mail Tax Statements and  
When Recorded Mail To:**

THERESA W. MALCOLM  
2475 Tall Oaks Ct.  
Reno, NV 89523

A.P.N. 6-041-18

I, the undersigned hereby  
affirm that this document  
submitted for recording DOES  
contains the social security  
number of a person as required  
by law: NRS 40.525 Sec. 5

**AFFIDAVIT OF DEATH OF JOINT TENANT**

THERESA W. MALCOLM, does hereby swear under penalty of  
perjury that the assertions of this affidavit are true and  
deposes and says that Affiant is over the age of 18 years  
and competent to be a witness as to the matters hereinafter  
stated

1. I am the surviving joint tenant of PATRICIA J.  
BENTLEY, the deceased joint tenant in the property described  
herein.

2. The joint tenancy was created by a Deed, recorded  
on January 27<sup>th</sup>, 2005, as Document No. 123693 of the records  
of the office of the Recorder of Lincoln County, State of  
Nevada.

3. The description of the real property is as



follows:

The Northwest Quarter (NW ¼) of U.S. Government  
Lot Number Six (6) in Section 2 township 4 North,  
Range 67 East, M.D.B.&M.  
APN: 6-041-18

4. The deceased joint tenant's name is PATRICIA J.  
BENTLEY, who died on July 29<sup>th</sup>, 2011, at Washoe County,  
Nevada. A certified copy of the death certificate is  
attached hereto as if set forth in full herein.

DATED this 6 day of January, 2012

Theresa W. Malcolm  
THERESA W. MALCOLM

SUBSCRIBED and SWORN TO before me  
this 6 day of January, 2012

Heather A. Harper  
NOTARY PUBLIC in and for said  
County and State.





WASHOE COUNTY HEALTH DISTRICT  
VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2011011906  
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) Patricia Jean BENTLEY		2. DATE OF DEATH (Mo/Day/Year) July 29, 2011		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2475 Tall Oaks Ct		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (inpatient)(Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
9a. STATE OF BIRTH (if not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) June 23, 1942	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 2475 Tall Oaks Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard Allen MCHUGH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Eileen SCRANTON		
18a. INFORMANT- NAME (Type or Print) Theresa MALCOLM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2475 Tall Oaks Ct Reno, Nevada 89523			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES FRIZZELL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 785		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 1547 South Virginia St, Ste 2 Reno NV 89503	
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) REED DOPF MD SIGNATURE AUTHENTICATED			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) August 01, 2011		21c. HOUR OF DEATH 21:00		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) REED DOPF MD 429 Elm St. Reno, NV 89503				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 03, 2011		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) General debility				Interval between onset and death	
(b) Dementia, vascular type				Interval between onset and death	
(c) Etiology unknown				Interval between onset and death	
(d)				Interval between onset and death	
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) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

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.

08/04/2011

DEPUTY REGISTRAR

Joseph P. Iser M.D., D.P.H., M.S.  
SIGNATURE AUTHENTICATED

DATE ISSUED:  
P.V.R. O. (Rev.) 12/09

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

