

Return Address: **ALLAN WISE**
253 GLENVISTA DRIVE
SPRING CREEK WA 99815

Document Title(s) or transactions contained herein: Affidavit of Successor
GRANTOR(S) (Last name, first name, middle initial) DECEDENT EWEN J. HASTON <input type="checkbox"/> Additional names on page ____ of document.
GRANTEE(S) (Last name, first name, middle initial) SUCCESSOR ALLAN A. WISE <input type="checkbox"/> Additional names on page ____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) <input type="checkbox"/> Complete legal on page ____ of document.
REFERENCE NUMBER(S) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page ____ of document.
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.
Company Name:
Signature/Title:

Deceased Name: EILEEN HAYTON

What is the relationship to the deceased:
 Spouse (date of marriage _____) Parent Niece/Nephew
 Child Granddaughter/son Other _____

Did the deceased leave a will?
 Yes - skip to question 1
 No - answer questions 2 through 5

1. If the decedent left a will, was it probated?
 Yes - Do not use this form, send the following items:
 1. Copy of the will
 2. Addresses for all heirs
 No - Complete this form and send a copy of the will.

2. Was the deceased married when they passed away?
 Yes, spouse's name _____
 Are they living?
 Yes
 No - If no, provide date of death _____
 No

3. How many children did the deceased have? List the names of the children (if deceased, include date of death)
ROBERT W. WISE ALAN A WISE
CATHIE E. Wilbur DECEASED 1-19-2009

4. Are the parents of the deceased living?
 Yes - If yes, provide their names

No

5. How many brothers and sisters did the deceased have? List their full names (if deceased, include date of death)
MAUDE white 1990 William LAWRENCE 1980's
ALFRED LAWRENCE
WIFE 1980's ALL DECEASED
Dorman LAWRENCE
WIFE 2008

If you are claiming as a remote relative, you must provide a complete family tree showing your relationship to the deceased. The family tree should include names and dates of death for all relatives of the deceased.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011012245

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION USE 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) Ellen J. HAXTON		2. DATE OF DEATH (Mo/Day/Year) July 24, 2011		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Northeastern Nevada Regional Health		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
9a. STATE OF BIRTH (if not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) February 15, 1926	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Waitress		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN OR LOCATION Elko	
15d. STREET AND NUMBER 550 Cimarron Way #37		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Spencer LAWRENCE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sarah DAUGHERTY		18a. INFORMANT - NAME (Type or Print) Allan WISE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 253 Glenvista Dr. Spring Creek, Nevada 89815	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION - City or Town - State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 659 Elko NV 89803	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DEVENDRAKUMAR ISHWARHAI PATEL M.D.		21b. DATE SIGNED (Mo/Day/Yr) July 26, 2011		21c. HOUR OF DEATH 01:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Devendrakumar Ishwarhai Patel M.D., 1995 Errecart Blvd Suite 203 Elko, NV 89801		23b. LICENSE NUMBER 11068		24a. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24b. REGISTRAR (Signature) JASON MUTH SIGNATURE AUTHENTICATED		24c. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 26, 2011		24d. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (d) Coronary Artery Disease		Interval between onset and death		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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. AEC, 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

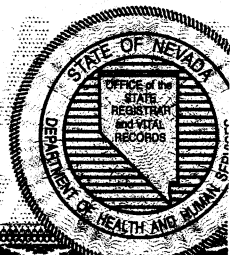
398843 CERTIFIED COPY OF VITAL RECORDS

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: 08/11/2011

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

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS Rev 20110104

