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Assessor's Parcel Number: 1220-21-510-169

Recording Requested By:

Returned. →

Name: Sylvia Walter

Address: 236 Firestone Dr.

City/State/Zip Roseville CA 95678

Real Property Transfer Tax: _____

REQUESTED BY
Sylvia Walter
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUL -8 AM 9:13

WERNER CHRISTEN
RECORDER

\$ 16 PAID K2 DEPUTY

Affidavit - Death of Joint Tenant
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

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AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
) ss
COUNTY OF SACRAMENTO)

The undersigned **SYLVIA A. WALTER**, of legal age, being first duly sworn, deposes and says:

SYLVIA A. WALTER is the surviving joint tenant.

That **EMMA AUGUSTA KELLY**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **EMMA KELLY** named as one of the parties in that certain Grant Deed indicated as follows:

Recorded **May 4, 1989**,
Instrument No. **201337**, Book **589**, Page **500**

From Grantor(s) **Mike Hickey Construction, Inc.**,
To Grantees **EMMA KELLY**, an unmarried woman, and **SYLVIA A. WALTER**, a married woman as her sole and separate property, as joint tenants with right of survivorship

Regarding the following described property situated in the County of Douglas, State of Nevada:

Lot 259, as shown on the map of **GARDNERVILLE RANCHOS UNIT NO. 6**, filed for record in the office of the County Recorder of Douglas County, Nevada, on **May 29, 1973**, in Book **573**, Page **1026**, as File No. **66512**.

APN: 29-182-10

Dated: August 13, 1997

I declare under penalty of perjury under the laws of the State of California that I have read the foregoing notice and know the contents thereof, and that the facts stated therein are true.

(Space below for Recorder) _____

Sylvia A. Walter
SYLVIA A. WALTER

SUBSCRIBED AND SWORN TO me, **KAREN A. YEACKEL**, this day of August 13, 1997.

Karen A. Yeackel
KAREN A. YEACKEL
Notary Public



Recording Requested by and:
When recorded mail to:
SYLVIA A. WALTER
6132 Granite Flat Ln.
Roseville, CA 95747-8287
Mail Tax Statement to:
SYLVIA A. WALTER
6132 Granite Flat Ln.
Roseville, CA 95747

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Emma			2. MIDDLE Augusta			3. LAST (FAMILY) Kelly			
4. DATE OF BIRTH M/M/DD/CCYY 10/20/1902		5. AGE YRS. 94		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 07/24/1997		8. HOUR 0820	
9. STATE OF BIRTH NJ	10. SOCIAL SECURITY NO. 1600		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS Widowed		13. EDUCATION—YEARS COMPLETED 8		
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self-employed			19. YEARS IN OCCUPATION 75		
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home							
20. RESIDENCE—STREET AND NUMBER OR LOCATION 6132 Granite Flat Lane									
21. CITY Roseville		22. COUNTY Placer		23. ZIP CODE 95747		24. YRS. IN COUNTY 1	25. STATE OR FOREIGN COUNTRY CA		
26. NAME, RELATIONSHIP Sylvia A. Walter - Niece			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6132 Granite Flat Ln, Roseville, CA 95747						
28. NAME OF SURVIVING SPOUSE—FIRST John			29. MIDDLE Meinweiser			30. LAST (MAIDEN NAME) Germany			
31. NAME OF FATHER—FIRST John			32. MIDDLE Meinweiser			33. LAST Germany			
34. NAME OF MOTHER—FIRST Anna			35. MIDDLE Youngblood			36. LAST (MAIDEN) Germany			
37. DATE M/M/DD/CCYY 07/28/1997		40. PLACE OF FINAL DISPOSITION Eastside Memorial Park, Mindex, NV							
41. TYPE OF DISPOSITION(S) TR / BU			42. SIGNATURE OF EMBALMER <i>Michael Hawener</i>			43. LICENSE NO. 8233			
44. NAME OF FUNERAL DIRECTOR Lambert Funeral Home			45. LICENSE NO. FD734		46. SIGNATURE OF LOCAL REGISTRAR <i>Bette G. Henderson, M.D.</i>		47. DATE M/M/DD/CCYY 07/25/1997 ADB		
101. PLACE OF DEATH Nora's Care Home		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Sacramento			
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5914 Canary Dr		106. CITY N. Highlands							
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)								TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Cardiac Arrest				Mins		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 97-2966			
DUE TO (B) Myocardial Infarction				Mins		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) Coronary Artery Disease				Yrs		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D) Hypertension				Yrs		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107, OR 132? IF YES, LIST TYPE OF OPERATION AND DATE. No									
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE M/M/DD/CCYY 01/23/1997			115. SIGNATURE AND TITLE OF CERTIFIER <i>Meinweiser</i>			116. LICENSE NO. A50172	117. DATE M/M/DD/CCYY 07/24/1997		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Sukhdev Khangura, MD 3609 Mission Ave #H, Carmichael, CA 95608			120. INJURY AT WORK (121. INJURY DATE M/M/DD/CCYY)		122. HOUR		123. PLACE OF INJURY		
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)									
126. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				
STATE REGISTRAR		A B C D E F G H			FAX AUTH. #		CENSUS TRACT		

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STATE OF CALIFORNIA }
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **July 29, 1997**

Bette G. Henderson, MD
LOCAL REGISTRAR

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

