

Assessor's Parcel Number: 1221-05-001-053

Recording Requested By:

✓ Name: CHRISTINA J DANIELS

Address: 2219 Fish Springs Kd

City/State/Zip Grandverville, NV 89410

Real Property Transfer Tax:

DOC # **0734445**  
12/11/2008 12:42 PM Deputy: BH  
**OFFICIAL RECORD**  
Requested By:  
CHRISTINA DANIELS

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-1208 PG-2612 RPTT: 0.00



\$ \_\_\_\_\_

Affidavit of 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.*

**AFFIDAVIT OF DEATH OF JOINT TENANT**  
**( Gerald R Daniels , Deceased)**

STATE OF NEVADA

COUNTY OF Douglas

Comes now, Christina J Daniels, Affiant herein, being of lawful age and having been duly sworn upon his/her oath and does state:

That he/she was personally well acquainted with Gerald R Daniels, the Decedent herein, having known him/her for 16 years and further, that Affiant owned certain real property with the Decedent as Joint Tenants With Rights of Survivorship, said property being described further as:

(Insert full legal description) Parcel # 1221-05-001-053  
Lot 23 AS SHOWN ON THE OFFICIAL MAP OF FISH SPRINGS ESTATES,  
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,  
STATE OF NEVADA, ON AUG 30, 1973, IN BOOK 873, PAGE 1006 AS  
DOCUMENT NO. 68451

That the above described property is also commonly known as 2219 Fish Springs Rd Gardnerville, NV 89410 (insert street address or other name of property if available).

Affiant states further that he/she obtained his/her interest in the above described property by GRANT, BARGAIN & Sales Deed (insert type of deed/conveyance) from Gerald R Daniels (Insert grantor's name) to Christina J Daniels (Affiant), said instrument being dated 7/08, 2008 and recorded on 7/08, 2008 in Book 0708, at Page 1146 of the land records located in the Office of the County Recorder (insert title/Probate/County, etc.) Clerk of Douglas County, State of Nevada.

Affiant states further that the Decedent departed this life at Renown Regional Medical Center (Location of death), in Washoe County, State of NEVADA, on or about October 18, 2008, being 69 years of age at the date of death.

These statements are true and correct and are based upon the personal knowledge of Affiant.

Further, Affiant sayeth not.

Sworn to and executed this, the 11 day of Dec, 2008.

Christina J Daniels  
Signature of Affiant

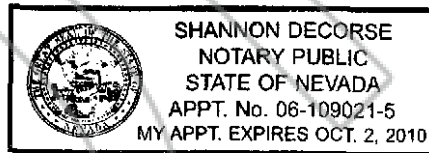
Christina J Daniels  
Printed Name of Affiant

2219 Fish Springs Rd  
Gardnerville, NV 89410  
Address of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME this the 11<sup>th</sup> day of December,  
2008.

Shannon Decorse  
NOTARY PUBLIC

My Commission Expires:  
10-2-2010



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

## CERTIFICATE OF DEATH

2008015911

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gerald R DANIELS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 18, 2008</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>69</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 08, 1939</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Tina NOBRIGA</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>1333</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Tinner / Sheet Metal</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Sheet Metal</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2219 Fish Springs Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Thomas DANIELS</b>	
	17. MOTHER - NAME (First Middle Last Suffix) <b>Irene OBERLIN</b>		18a. INFORMANT - NAME (Type or Print) <b>Tina DANIELS</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>2219 Fish Springs Road Gardnerville, Nevada 89410</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>PIOTR KUBICZEK M.D. SIGNATURE AUTHENTICATED</b>		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) <b>PIOTR KUBICZEK M.D. SIGNATURE AUTHENTICATED</b>			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>October 24, 2008</b>		21c. HOUR OF DEATH <b>03:09</b>		22b. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 18, 2008</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Med. Examiner Piotr Kubiczek M.D.; 10 Kirman Ave. Reno, NV, 89520</b>		22c. HOUR OF DEATH <b>03:09</b>		22e. PRONOUNCED DEAD AT (Hour) <b>03:09</b>	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Med. Examiner Piotr Kubiczek M.D.; 10 Kirman Ave. Reno, NV, 89520</b>				23b. LICENSE NUMBER <b>11610</b>	
	24a. REGISTRAR (Signature) <b>BRIDGES SANDI SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 27, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) <b>Multiple blunt force injuries</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Ground level fall</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>				Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death	
STATE REGISTRAR	26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		26b. DATE OF INJURY (Mo/Day/Yr) <b>October 16, 2008</b>		26c. HOUR OF INJURY <b>1745</b>	
	26d. DESCRIBE HOW INJURY OCCURRED <b>Fall from height</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>2219 Fish Springs Rd. Gardnerville Nevada</b>		

STATE REGISTRAR

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BK- 1208  
PG- 2615

VRS-Rev-2008T

### 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.

DEPUTY REGISTRAR

*Mary A. Anderson*  
SIGNATURE AUTHENTICATED

DATE ISSUED: 11/14/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE