

16-

DOC # 0744816  
06/10/2009 11:13 AM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
FERN STEWART

APN: 1420-07-710-006

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0609 PG- 2988 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death of a Joint Tenant

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant  
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

WHEN RECORDED MAIL TO:

✓ Fern M. Stewart  
971 Shadow Lane  
Carson City, NV 89705

A.P.N. 1420-07-710-006

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

*Fern M. Stewart*

*971 Shadow Lane*

*Carson City, NV 89705*

THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF A JOINT TENANT**

**Fern M. Stewart**, of legal age, being duly sworn, deposes and says

That **Thomas Walter Stewart**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Thomas W. Stewart** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **June 8, 1989**, executed by **Mike Hickey Construction, Inc.**, a Nevada Corporation to **Thomas W. Stewart and Fern M. Stewart, husband and wife as joint tenants with right of survivorship** recorded as Instrument No. **203948**, on **June 13, 1989**, in **Book 689, Page 1501**, of Official Records of **Douglas County, Nevada**, covering the following described property situated in the County of **Douglas, State of Nevada**.

**Lot 1, in Block D, as shown on the Official Map of SUNRIDGE HEIGHTS UNIT NO. 1, PHASE A, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 15, 1982, in Book 1282, Page 999, as Document No. 74054.**

Dated: June 10, 2009

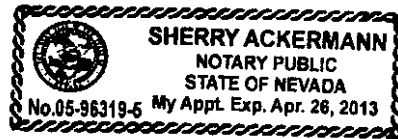
*Fern M. Stewart*  
\_\_\_\_\_  
Fern M. Stewart

STATE OF NEVADA )  
COUNTY OF DOUGLAS )

SS.

On June 10, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared **Fern M. Stewart** known to me to be the person whose name subscribed to the within instrument and acknowledge that executed the same.

Signature *[Signature]*  
Notary Public



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Thomas Walter STEWART			DATE OF DEATH (Month, Day, Year) 2. December 5, 1999		
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 971 Shadow Lane		
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		
STATE OF BIRTH (If not U.S.A., name country) 9a. Nebraska			CITIZEN OF WHAT COUNTRY 9b. U.S.A.		
SOCIAL SECURITY NUMBER 13. ████████-9072			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Restaurant Manager 017		
RESIDENCE—STATE 15a. Nevada			COUNTY 15b. Douglas		
CITY, TOWN, OR LOCATION 15c. Carson City			STREET AND NUMBER 15d. Shadow Lane 971		
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 11. Married		
FATHER—NAME First Middle Last 16. Lloyd Joshua Stewart			MOTHER—MAIDEN NAME First Middle Last 17. Sybil May Butler		
INFORMANT—NAME (Type or Print) 18a. Fern Stewart			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 971 Shadow Lane Carson City Nevada 89705		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Jimmy Bunden			FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		
NAME AND ADDRESS OF FACILITY 20c. 616 South Wells Avenue Reno, Nevada 89502			Northern Nevada Memorial 35		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Kelle L. Brogan			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) and manner stated. (Signature and Title) Kelle L. Brogan		
DATE SIGNED (Mo., Day, Yr.) 21b. 12-13-99			HOUR OF DEATH 21c. 0600		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22b. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Kelle L. Brogan 5290 Neil Road Reno Nevada 89502			LICENSE NUMBER 23b. 11660		
REGISTRAR 24a. (Signature) Pam Gillman			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Dec 15, 1999		
DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) metastatic to brain DUE TO, OR AS A CONSEQUENCE OF: (c)			Interval between onset and death 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.			AUTOPSY (Specify Yes or No) 26. No		
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.			DATE OF INJURY (Mo., Day, Yr.) 28b.		
HOUR OF INJURY 28c.			DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		
LOCATION. 28g.			STREET OR R.F.D. No. CITY OR TOWN STATE		



0744816 Page: 3 Of 3 06/10/2009

BK- 0609  
PG- 2990

No.155946

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

*Yvonne Sylva*

Date Issued: JAN 04 2000

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT