

APN: 1320-32-813-016
ORDER NO.: DO-2090464-TA
1091342

DOC # 746731
07/09/2009 09:34AM Deputy: SG
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-709 PG-1593 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit - 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

NORTHERN NEVADA TITLE COMPANY

Signed By:

A handwritten signature in black ink that reads "Tamara Waller".

Print Name/Title: Tamara Waller/Title Officer

WHEN RECORDED MAIL TO:

Lenore Bergevin
2501 Richard Drive
Carson City, NV 89703



A.P.N. 1320-32-813-016
Escrow No.: DO-2090464-TA
1091342

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Lenore Bergevin
2501 Richard Drive
Carson City, NV 89703

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Lenore J. Bergevin, of legal age, being duly sworn, deposes and says

That Theodore Henry Bergevin, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Theodore H. Bergevin named as one of the parties in that certain Grant Deed dated August 25, 1994, executed by Theodore H. Bergevin and Lenore J. Bergevin, husband and wife to Donna J. Bergevin Steele, a married woman as her sole and separate property and reserving to Theodore H. Bergevin and Lenore J. Bergevin a life estate, recorded as Instrument No. 345683, on September 8, 1994, in Book 0994, Page 1146, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

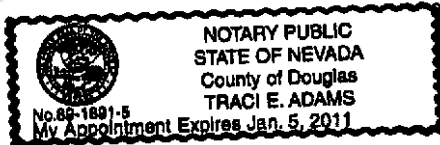
Lot 5 in Block A in the HAWKINS ADDITION TO THE TOWN OF GARDNERVILLE, as per the Official Map or Plat thereof, on record in the office of the County Recorder of Douglas County, Nevada on July 28, 1917.

Dated: July 1, 2009

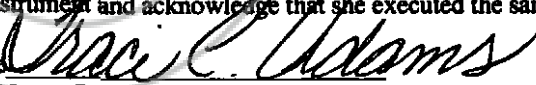

Lenore J. Bergevin

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA)
 SS.
COUNTY OF DOUGLAS)



On July 2, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Lenore J. Bergevin known to me to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same.

Signature 
Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD



BK-709
PG-1595

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

98 003728

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Theodore Henry BERGEVIN		2. March 24, 1998		3a. Carson City	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or inst. indicate DOA, OP/Emr, Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. Sierra Convalescent Center		3e. Inpatient 5	4. Male
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.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
6. Nevada		7a. 85		7b. 85	8. March 14, 1913
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Nevada		9b. U.S.A.		10. 12	11. Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (If wife, give maiden name)	
13. ██████████-8503		14a. Director of Indigent Service		12. Lenore Olds	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15b. Douglas	15c. Gardnerville	14b. 901 Douglas County	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Dona Bergevin		17. Rosa Charbonneau		18d. 1459 Douglas Ave.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Lenore Bergevin - Wife		18b. 1459 Douglas Avenue, Gardnerville, Nevada 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>Jammal Benson</i>		20b. 50		20c. 1478 Fourth Street, Minden, Nevada 89423 53	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 3/25/98		21c. 0950		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. ON		22e. AT	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		89703		LICENSE NUMBER	
23a. Dr. T. Matuzewski, 604 W. Washington St., Carson City, Nevada		23b. 6674			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>		24b. March 26, 1998		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) End Stage Chronic Lung Disease				Months	
(b) Respiratory Failure				Months	
(c)				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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
		26. No		27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.	
		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
		28d.		28e.	

STATE REGISTRAR

No. 116672

Birth Cert. #13-000319

271795 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: MAY 11 2009

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

RENCO (Rev.) 11/06

STATE REGISTRAR

