

A.P.N. #	1220-21-610-109
Escrow No.	1021829LMS
Recording Requested By:	
Stewart Title	
Mail Tax Statements To:	
Same as Below	
When Recorded Mail To:	
SCOTT CASEBIER	
2765 METATE DRIVE	
KINGMAN AZ 86401	

DOC # 750761  
09/16/2009 12:43PM Deputy: DW  
**OFFICIAL RECORD**  
Requested By:  
**STEWART TITLE OF NEVADA**  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: 18.00  
BK-909 PG-3347 RPTT: 0.00



(for recorders use only)

AFFIDAVIT OF DEATH OF JOINT TENANT  
(Title of Document)

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

(State specific law)

LS  
Signature

Escrow Officer  
Title


LSilva  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



A.P.N. #	1220-21-610-1091220-21-610-109
Escrow No.	1021829LMS
Recording Requested By:	
	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Scott N. Casebier	
2765 Metate Drive	
Kingman, AZ 86401	

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of Nevada }  
 } ss.  
 County of Clark }

**SCOTT N. CASEBIER**, of legal age, being first duly sworn, deposes and says: That **MARGARET E. CASEBIER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MARGARET E. CASEBIER** named as one of the parties in that certain **GRANT BARGAIN AND SALE DEED** dated **AUGUST 31, 1987** executed by **ISAO SUZAWA AND VIVIEN SUZAWA** to **HARLAN E. CASEBIER AND MARGARET E. CASEBIER** as joint tenants, recorded as Document No. **163724**, on **OCTOBER 5, 1987** in Book **1087**, Page **537**, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Dated: 9-14-09

  
 \_\_\_\_\_  
 SCOTT N. CASEBIER



State of Nevada )  
 ) ss.  
 County of Clark )  
 This instrument was acknowledged before me on 9-14-09 \*  
 By: SCOTT N. CASEBIER  
 Signature: *[Signature]*  
 Notary Public



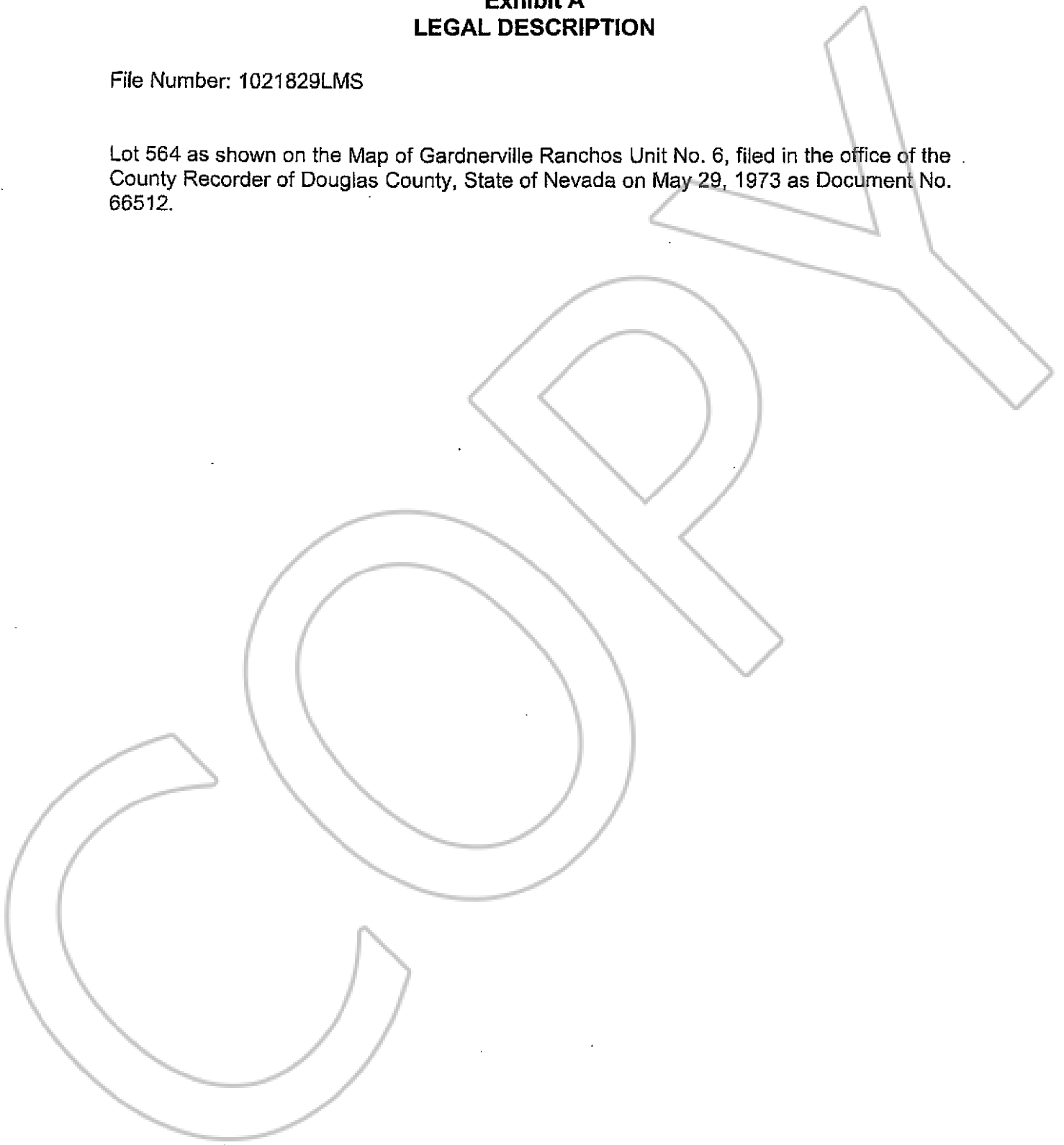
*[Large diagonal watermark reading 'COPY' across the page]*



**Exhibit A  
LEGAL DESCRIPTION**

File Number: 1021829LMS

Lot 564 as shown on the Map of Gardnerville Ranchos Unit No. 6, filed in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973 as Document No. 66512.



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH  
VITAL STATISTICS



BK-909  
PG-3351

750761 Page: 5 of 5 09/16/2009

**CERTIFICATE OF DEATH**

**2007001835**

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT  
  
IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE 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 Margaret			1b. MIDDLE Elaine		1c. LAST CASEBIER		2. DATE OF DEATH (Mo/Day/Year) April 18, 2007		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen Gardnerville Health & Rehab Center			3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female			
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic		7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 20, 1924	
9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife; give maiden name) Marian E. CASEBIER			
13. SOCIAL SECURITY NUMBER [REDACTED]-4709			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Key Punch Operator			14b. KIND OF BUSINESS OR INDUSTRY Billing Company					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1361 Honeybee Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) George SCOTT						17. MOTHER - NAME (First Middle Last Suffix) Margaret JONES					
18a. INFORMANT- NAME (Type or Print) Scott CASEBIER				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 1102 Round Mountain, Nevada 89045							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park			19c. LOCATION City or Town State Minden Nevada 89423					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N. Gardnerville, NV 89410						
TRADE CALL - NAME AND ADDRESS:											
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>LAURENCE GEORGE GAY M.D.</b> SIGNATURE AUTHENTICATED					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)						
21b. DATE SIGNED (Mo/Day/Yr) April 23, 2007			21c. HOUR OF DEATH 11:40			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					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) PO Box 19936 Reno, NV								23b. LICENSE NUMBER 5152			
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 23, 2007		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiac Arrest							Interval between onset and death Seconds				
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death Minutes				
(b) Myocardial Infarction							Interval between onset and death Years				
DUE TO, OR AS A CONSEQUENCE OF:											
(c) Coronary Artery Disease											
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. HTN, Severe Alzheimers, Dysphagia, Non insulin dependent diabetes mellitus								26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify: Yes or No) Yes	
28a. ACC., 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

291858

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.

SEP 14 2009

DATE ISSUED:

*Rid White*  
STATE REGISTRAR

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

PHNCD (Rev) 11/05

