

DOC # 751176
09/24/2009 02:25PM Deputy: DW
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-909 PG-5128 RPTT: 0.00

APN: 1420-18-113-084
ORDER NO.: DO-1091725-CL



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit-Death of 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, appearing to read "Carrie Lindquist", written over a horizontal line.

Print Name/Title: Carrie Lindquist, Escrow Officer

WHEN RECORDED MAIL TO:

Bonnie Spradley
876 Dresslerville Rd.
Gardnerville, NV 89460



A.P.N. 1420-18-113-084
Escrow No.: DO-1091725-CL
1091725

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Bonnie Spradley
876 Dresslerville Rd
Gardnerville, NV 89460

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Bonnie Spradley, of legal age, being duly sworn, deposes and says

That **John Spradley**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **John Spradley** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **March 15, 2004**, executed by **Vicky Halley**, a Married woman formally known as **Vicky Genzler** and **Timothy Halley**, a Married Man to **John Spradley** and **Bonnie Spradley** as joint tenants, recorded as Instrument No. **607194**, on **March 15, 2004**, in Book *n/a*, Page *n/a*, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 226, Block D as shown on the plat of **SILVERADO HEIGHTS NO. 2**, filed in the office of the County Recorder of Douglas County, Nevada on **June 20, 1979** in Book **679**, Page **1486** as File No. **33717**.



Dated: September 22, 2009

Bonnie Spradley
Bonnie Spradley

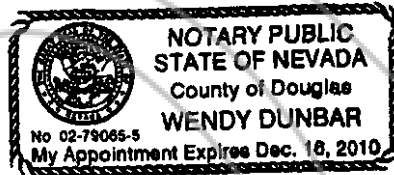
STATE OF NEVADA)
)
COUNTY OF Douglas)
)

On 9-23-09 before me, the undersigned, a Notary Public in and for said State
and County, personally appeared
Bonnie Spradley

known to me to be the person whose name is subscribed to the within instrument and acknowledge
that she
she executed the same.

Signature Wendy Dunbar
Notary

Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009010070

STATE FILE NUMBER



BK-909
PG-5131

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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,MIDDLE,LAST,SUFFIX) John Michael SPRADLEY		2. DATE OF DEATH (Mo/Day/Year) July 07, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not altar, give street and number) 876 Dresslerville Road		3e. If Hosp or Inst. Indicate OOA, OP, Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 57		7b. UNDER 1 YEAR MOB DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1952		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Bonnie CAIN	
13. SOCIAL SECURITY NUMBER 8808		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Medical Biller		14b. KIND OF BUSINESS OR INDUSTRY Health	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 876 Dresslerville Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) John Francis SPRADLEY			17. MOTHER - NAME (First Middle Last Suffix) Sue MCBEE		
18a. INFORMANT- NAME (Type or Print) Bonnie SPRADLEY		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 876 Dresslerville Road Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1390 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) <i>SIGNATURE AUTHENTICATED</i> SUSAN SANCHEZ M.D.			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) July 09, 2009		21c. HOUR OF DEATH 22:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) SUSAN SANCHEZ M.D., 1649 Lucerne Street Minden, NV 89423			
23b. LICENSE NUMBER 9360		24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 2009		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				Interval between onset and death	
(a) Alcoholic Cirrhosis of the Liver				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a. ACC., SUICIDE, HOMICIDE, UNDEY 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

282221

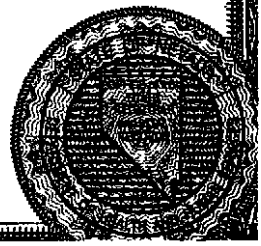
CERTIFIED COPY OF VITAL RECORDS

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:

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VS& Rev. 2009002