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A.P.N. 1022-16-001-074

DOC # 0753788
11/12/2009 09:49 AM Deputy: GB
OFFICIAL RECORD
Requested By:
ESTHER INFANTE

✓ WHEN RECORDED MAIL TO:
Lorraine Denise Steiner
1450 Walker View Rd.
Wellington, NV 89444

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-1109 PG- 2770 RPTT: 0.00



AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, William J. Steiner being first duly sworn, deposes and says:

That Affiant is the surviving spouse of Janet L. Steiner and that the Affiant and the said Janet L. Steiner deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 7th day of October, 1994, under the terms of which Carl R. Adams, a widower was Grantor to: William J. Steiner and Janet L. Steiner as husband and wife as Joint Tenants with right of survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded October 14, 1994, in 1094 at Page 2488 as Document No: 348574 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 20, in Block E, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

That the said Janet L. Steiner one of the Grantees in the Joint Tenancy Deed, died on the 4th day of August, 2009 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, William J. Steiner, as of the date of decedent's death.

Dated:

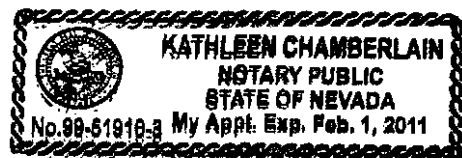
William J. Steiner

STATE OF NEVADA
COUNTY OF

On 11/10/09, before me, the undersigned, a Notary Public in and for said County, personally appeared William J. Steiner, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature
NOTARY PUBLIC



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2009011414
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Janet Lorraine STEINER		2. DATE OF DEATH (Mo/Day/Year) August 04, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 20, 1938		9a. STATE OF BIRTH (if not U.S.A. name country) California		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) William J STEINER	
13. SOCIAL SECURITY NUMBER 5849		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1450 Walker View		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Elmer SMITH			17. MOTHER - NAME (First Middle Last Suffix) Launa SMITH		
18a. INFORMANT- NAME (Type or Print) William J STEINER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1450 Walker View Wellington, Nevada 89444		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Loop Carson City NV 89706	
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) VIJAY MAIYA			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) August 06, 2009		21c. HOUR OF DEATH 18:02		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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature): CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 07, 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) Cardiac Arrest				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Uterine Adenocarcinoma				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					
26a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. 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

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VRS-Rev-20080502

283799 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 the engraved border displaying date, seal and signature of Registrar.

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

