

OFFICIAL RECORD

Requested By:

GEORGE KEELE

APN: 1320-32-611-010

WHEN RECORDED MAIL TO:

GEORGE M. KEELE, ESQ.

✓ 1692 County Road, #A

Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 OF 3 Fee: 16.00
BK-0210 PG- 4581 RPTT: # 10



Mail tax statements to:
BONNIE FETTIC and STARLA SMITH
P. O. Box 663
Minden, NV 89423

R.P.T.T. #10

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

BONNIE D. FETTIC, being duly sworn, deposes and says that BEATRICE I. JONES, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as BEATRICE I. JONES, named as the grantor in the deed recorded on June 28, 2005, in Book 0605, Page 12716, as Document No. 0648019, records of Douglas County, Nevada, covering the following described property:

Lot 4, as shown on the Map of Wildrose Subdivision Plat No. 1 filed in the Office of the County Recorder of Douglas County, Nevada, on October 28, 1964, as Document No. 26425.

BONNIE D. FETTIC is one of the grantees to whom the real property is conveyed upon the death of the grantor, BEATRICE I. JONES.

DATED this 22nd day of February, 2010.



BONNIE D. FETTIC

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

SIGNED AND SWORN TO (or affirmed)
before me on Feb. 22, 2010,
by BONNIE D. FETTIC.

Mary E. Baldecchi
NOTARY PUBLIC



COPY

CERTIFICATION OF VITAL RECORD

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

2010001675
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,MIDDLE,LAST,SUFFIX) Beatrice Isabelle JONES		2. DATE OF DEATH (Mo/Day/Year) January 29, 2010		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) 1189 Kimmerling Rd		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient(Specify) Residential Care Facility	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 100		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 21, 1909		9a. STATE OF BIRTH (if not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER 2832		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Floral Designer		14b. KIND OF BUSINESS OR INDUSTRY Florist	
15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1515 Wildrose Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Eugene F FETTIC			17. MOTHER - NAME (First Middle Last Suffix) Alma GREER		
18a. INFORMANT- NAME (Type or Print) Bonnie D FETTIC		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1624 Mono Ave Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89460	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID HOWARD JOHNSON M.D.					
21b. DATE SIGNED (Mo/Day/Yr) February 04, 2010		21c. HOUR OF DEATH 03:20		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) David Howard Johnson M.D. 1624 Library Lane Minden, NV. 89423			
23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 09, 2010		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) Congestive Heart Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____				Interval between onset and death	
PART II					
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



BK- 0210
PG- 4583
0759119 Page: 3 Of 3 02/22/2010

VRS-Rev-20080602

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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: 02/09/2010

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

PNCO (REV) 1106

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

