

160

DOC # 0760434  
03/18/2010 03:40 PM Deputy: SD

OFFICIAL RECORD  
Requested By:  
US RECORDINGS INC

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00  
BK-0310 PG- 4200 RPTT: # 3



Record 1st  
Recording Requested by &  
When Recorded Return To:  
US Recordings, Inc.  
2025 Country Drive  
St. Paul, MN 55117

7607600

APN: 14 20-34-310-006  
R.P.T.T.: \$0.00  
Exempt: (3)

Recording Requested By:  
Coralyn J. Azevedo  
2686 Kayne Avenue  
Minden, Nevada 89423

After Recording Mail To:  
Coralyn J. Azevedo  
2686 Kayne Avenue  
Minden, Nevada 89423

Send Subsequent Tax Bills To:  
Coralyn J. Azevedo  
2686 Kayne Avenue  
Minden, Nevada 89423

55057586

**QUITCLAIM DEED**  
TITLE OF DOCUMENT 3

THIS INDENTURE WITNESSETH THAT, **Coralyn J. Azevedo, an unmarried woman, who acquired title as a married woman, as her sole and separate property, FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, do(es) hereby REMISE, RELEASE AND FOREVER QUITCLAIM to Coralyn J. Azevedo, an unmarried woman, whose address is 2686 Kayne Avenue, Minden, Nevada 89423,**

ALL that real property situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

LOT 4 IN BLOCK 1 OF RE-SUBDIVISION OF PORTIONS OF ARTEMESIA SUBDIVISION, IN THE SOUTHWEST 1/4 OF SECTION 34, TOWNSHIP 14 NORTH, RANGE 20 EAST, DOUGLAS COUNTY, NEVADA, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 23, 1962, UNDER FILE NO. 19909.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **September 10, 2007**, as Book **907**, Page **1641**, in Douglas County Records, Douglas County, Nevada.

MORE commonly known as: **2686 Kayne Avenue, Minden, Nevada 89423**

Subject To: Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.



**STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD**

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

2007007438

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 Clive			1b. MIDDLE Robertson			1c. LAST AZEVEDO			2. DATE OF DEATH (Mo/Day/Year) September 10, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2686 Kayne Avenue					3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX Male		
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes; specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS - DAYS - HOURS - MINS		7c. UNDER 1 DAY HOURS - MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 24, 1937			
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) Coralyn FULLER				
13. SOCIAL SECURITY NUMBER -6769			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School Bus Driver					14b. KIND OF BUSINESS OR INDUSTRY Douglas County Schools						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 2686 Kayne Avenue			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER - NAME (First Middle Last Suffix) Joseph AZEVEDO							17. MOTHER - NAME (First Middle Last Suffix) Lillian ROBERTSON							
18a. INFORMANT - NAME (Type or Print) Coralyn AZEVEDO					18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2686 Kayne Avenue Minden, Nevada 89423									
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 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) <i>[Signature]</i>						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) MIKE BIAGGINI SIGNATURE AUTHENTICATED								
21b. DATE SIGNED (Mo/Day/Yr)				21c. HOUR OF DEATH				22b. DATE SIGNED (Mo/Day/Yr) September 14, 2007			22c. HOUR OF DEATH 08:30			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) September 10, 2007.			22e. PRONOUNCED DEAD AT (Hour) 08:30					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lieutenant Mike Biaggini, P.O. Box 218 Minden, NV-89423.										23b. LICENSE NUMBER 141				
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 24, 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) Gunshot wound to head										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				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No). Yes		
28a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) September 10, 2007		28c. HOUR OF INJURY 0830		28d. DESCRIBE HOW INJURY OCCURRED Gunshot wound to head								
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home			28g. LOCATION STREET OR R.F.D. No. 2686 Kayne Avenue		CITY OR TOWN Minden		STATE Nevada					

STATE REGISTRAR

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BK- 0310  
PG- 4202

169143 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: SEP 27 2007

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

PBNC0 (Rev) 11/06

*[Signature]*  
STATE REGISTRAR

