

15

OFFICIAL RECORD
Requested By:
PAMELA BERTLOW

A.P.N. 1220-15-210-011

Douglas County - NV
Karen Ellison - Recorder

WHEN RECORDED MAIL TO:

Page: 1 Of 2 Fee: 15.00
BK-0810 PG- 4968 RPTT: 0.00

✓ Pamela Bertlow
1411 Jobs Peak Drive
Gardnerville, NV 89460



AFFIDAVIT BY SURVIVING JOINT

TENANT

The undersigned, PAMELA BERTLOW being first duly sworn, deposes and says:

That Affiant is the surviving spouse of RICHARD BERTLOW and that the Affiant and the said RICHARD ARLEN BERTLOW Jr. deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 14th day of November, 1995, under the terms of which STEVE P. WANAMAKER AND MARILYN W. WANAMAKER, husband and wife as Joint Tenants with the right of survivorship was Grantor to: RICHARD BERTLOW AND PAMELA BERTLOW as husband and wife as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded November 30, 1995, in Book 1195at Page 5258# as Document No:376079of 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 162, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO.2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, Filed as No. 28309, and Title Sheet Amended on June 4, 1965, as filing No. 28377.

That the said RICHARD BERTLOW one of the Grantees in the Joint Tenancy Deed, died on the 5th day of June, 2010 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, PAMELA BERTLOW, as of the date of decedent's death.

Dated: August 23, 2010

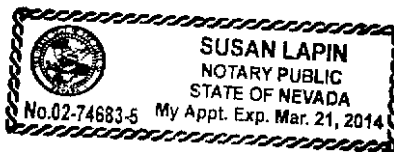
PAMELA BERTLOW

STATE OF NEVADA
COUNTY OF DOUGLAS

On AUGUST 23, 2010, before me, the undersigned, a Notary Public in and for said County, personally appeared PAMELA BERTLOW, 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



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2010012073

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) Richard Arlen BERTLOW JR		2. DATE OF DEATH (Mo/Day/Year) July 05, 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) Carson Valley Medical Center		3e. If Hosp. or Inst indicate DOA, OP/Emer. Rm.: Inpatient(Specify) Inpatient	
5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 56	
7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 01, 1954	
9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Pam FARR		13. SOCIAL SECURITY NUMBER ██████████-2261	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1411 Jobs Peak		16. FATHER - NAME (First Middle Last Suffix) Richard Arlen BERTLOW SR		17. MOTHER - NAME (First Middle Last Suffix) Diane PETTIJOHN	
18a. INFORMANT - NAME (Type or Print) Pam BERTLOW		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1411 Jobs Peak 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 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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) R. GRANT SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) August 06, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 05, 2010		22e. PRONOUNCED DEAD AT (Hour) 00:22	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner R. GRANT PO Box 218 Minden, NV 89423				23b. LICENSE NUMBER 443	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 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) Sepsis				Interval between onset and death:	
(b) Not Otherwise Specified Micro-Organism Infection				Interval between onset and death:	
(c) Distal Ileitis				Interval between onset and death:	
(d)				Interval between onset and death:	
PART II				26. AUTOPSY (Specify Yes or No) Yes	
28a. ACC. SUICIDE, HOA, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN		STATE	

STATE REGISTRAR



0769061 Page: 2 Of 2 08/23/2010

BK- 0810
PG- 4969

VRS-Rev-20090602

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: **08/17/2010**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

