

DOC # 770628
09/16/2010 11:06AM Deputy: SG
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-910 PG-3466 RPTT: 0.00



APN: 1221-05-002-014
ORDER NO.: DO-2091102-MK
DO-1093603-MK

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 "Tammy L. May", written over a horizontal line.

Print Name/Title: Tammy L. May, Title Officer

WHEN RECORDED MAIL TO:

Donald Stedman
1251 Myers Drive
Gardnerville, Nevada 89410



A.P.N. 1221-05-002-014
Escrow No.: DO-2091102-MK
1093603

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Donald Stedman
1251 Myers Drive
Gardnerville, NV 89410

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Donald R. Stedman, of legal age, being duly sworn, deposes and says

That **Jennifer Lynn Stedman**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Jennifer L. Stedman** named as one of the parties in that certain **Grant Bargain Sale Deed** dated, September 10, 1984 executed by Thomas J. Helget and Camille F. Helget to ~~Donald~~^{*} **R. Stedman and Jennifer L. Stedman, husband and wife as joint tenants as joint tenants**, recorded as Instrument No. 106687, on September 14, 1984, in Book 984, Page 1217, of Official Records of **Douglas County, Nevada**, covering the following described property situated in the County of **Douglas**, State of Nevada.

***Donald**

Lot 61 of FISH SPRINGS ESTATES, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, Nevada on August 30, 1973 as Document No. 68451.

Dated: July 12, 2010

Donald R. Stedman
Donald R. Stedman

Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.



STATE OF NEVADA)
)
COUNTY OF Douglas)
)

On 7-12-10 before me, the undersigned, a Notary Public in and for said State and County, personally appeared

Donald R. Skedman

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

Signature Mary Kelsh
Notary



Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010013275

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) Jennifer Lynn STEDMAN		2. DATE OF DEATH (Mo/Day/Year) May 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) 1251 Myers Street		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 49		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) September 21, 1960	
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 OR DOMESTIC PARTNER Donald STEDMAN		13. SOCIAL SECURITY NUMBER 1239	
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		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1251 Myers Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Richard DICKINSON	
17. MOTHER - NAME (First Middle Last Suffix) Nicki SEAVER		18a. INFORMANT- NAME (Type or Print) Donald STEDMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 2013 Gardnerville, Nevada 89410	
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 1380 Highway 895 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) JESSE MCKONE <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) August 20, 2010		21c. HOUR OF DEATH 19:36	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) JESSE MCKONE <i>SIGNATURE AUTHENTICATED</i>		22b. DATE SIGNED (Mo/Day/Yr) August 20, 2010	
		22c. HOUR OF DEATH 19:36		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 05, 2010	
		22e. PRONOUNCED DEAD AT (Hour) 19:36		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner JESSE MCKONE Po Box 218 Minden, NV 89423	
		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>	
		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 08, 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				Interval between onset and death	
(a) Opiate Toxicity				Interval between onset and death	
(b) Combined Effects of Morphine, Hydromorphone and Oxycodone				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) Yes	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		26b. DATE OF INJURY (Mo/Day/Yr) May 05, 2010		26c. HOUR OF INJURY 1936	
26d. DESCRIBE HOW INJURY OCCURRED Unattended		26e. INJURY AT WORK (Specify Yes or No) No		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home	
26g. LOCATION 1251 Myers St		26h. STREET OR R.F.D. No. Gardnerville		26i. CITY OR TOWN Nevada	

STATE REGISTRAR



770628 Page: 4 of 4 09/16/2010

BK-910
PG-3469

VRS Rev. 2/08/2002

350380

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: **09/08/2010**

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

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

