

12/16/2010 09:22 AM Deputy: PK OFFICIAL RECORD Requested By:

MARIA Z TRAVERS

Douglas County - NV Karen Ellison - Recorder

16.00

0.00

Page: 1 Of Fee: 3

BK-1210 PG- 3725 RPTT:



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of 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

Signed By:

Print Name/Title: Maria Z. Travers

APN: <u>1420-06-410-021</u>

WHEN RECORDED MAIL TO:

Maria Z. Travers 3604 Shawnee Drive Carson City, NV 89705

BK- 1210 PG- 3726

## RECORDING REQUESTED BY:

Northern Nevada Title Company 1483 Hwy 395 Ste. B Gardnerville, NV 89410

When Recorded Mail Document To:

Maria Z. Travers 3604 Shawnee Dr. Carson City, NV 89705

Escrow No.:

APN: 1420-06-410-021

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA.

COUNTY OF Douglas,

Maria Z. Travers, of legal age, being first duly sworn, and deposes and says:

That Gilbert M. Travers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gilbert Travers named as one of the parties in that certain Grant, Bargain, Sale Deed dated October 5th 1999 executed by Karen L. Pacorilla, an Unmarried woman to Gilbert Travers and Maria Z. Travers, Husband and wife, as Joint Tenants, recorded as no. 479331, on October 22, 1999 in Book 1099 Page 4176, of Official Records of Douglas County, Nevada, covering the following described property situated:

Lot 31, Sierra Estates, accoring to the map thereof, filed in the offices of the Douglas County Recorder, State of Nevada, on September 27, 1960, as File No. 16665.

DATED: December 10, 2010

executed the above instrument

Notary Public, who acknowledged that Maria Z. Travers

STATE OF NEVADA)

**COUNTY OF Douglas** 

On 12-16-2010 personally appeared before me, a

SHERRY ACKERMAN

NOTARY PUBLIC STATE OF NEVADA

No.05-96319-5 My Appt Exp. Apr. 26, 2013

Signature

(Notary Public)

## STATE OF NEVA

## **DEPARTMENT OF HUMAN RESOURCES**

**DIVISION OF HEALTH VITAL STATISTICS** 

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

I	•		OZITII IOATE OI	BEATT	\ \
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER  COUNTY OF DEATH
PRINT	SCOOLD TOURCE PILST	MEGGIN	<del></del> -	DATE OF DEATH (Monin, Day, 19ar)	COONTY OF BEATH
IN MANENT		М.	TRAVERS	<sup>2</sup> October 30, 20	
ACK INK	CITY, TOWN OF LOCATION OF DEATH	HOSPITAL OR OT	HER INSTITUTION—Name (If not either, given	ve street and number) If Hosp, or Inst. indi Rm. Inpatient (Spec	cate DOA, OP/Erner. SEX
E SEDEUX	<sup>36.</sup> Jacks Vallev	30. 3604	Shawnee Drive	3e.	4 Male
EDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic	Origin? Specify   yes IN no If yes.   AGE-	Last UNDER 1 YEAR UNDER 1	DAY DATE OF BIRTH (Mo., Day, Yr.)
	5. White	вреску мехісал, Споал, Ра 6.	Jeno Hican, etc.	ay (Years) MOS DAYS HOURS	
F DEATH	STATE OF BIRTH	L			BDecember 14, 1928 SURVIVING SPOUSE (If wife, give malden name)
CURRED IN	(If not U.S.A., name country)	TRY **	arade completed.	I WIDOWED DIVORCED	
STITUTION HANDBOOK	9a. Massachusetts 50CIAL SECURITY NUMBER	o ∪ . O . A	(Give Kind of Work Done During Most of	(Specify) Married	12 Maria Z. Santana
EGARDING Pletion of		I Working Life, Even if A	ettracti	P 7 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
PENCE FIENS	13. 9722		Driver	Transportat:	
	RESIDENCE—STATE COU	NTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
7	15a. Nevada 15b.	Douglas'/	Jacks Valley	//////////////////////////////////////	
NENTO	FATHER—NAME First	/ A. S. Middle p. A. i	Last MOTHER-A	AIDEN NAME	Middle Last
RENTS	Joseph /	The British	Travers	Assertion Mary	Brilliant Prince of the Brilli
	INFORMANT—NAME (Type or Print), [9]	72.1	MAILING ADDRESS	(Street or P.F.D. No., City or Tow	
	18a. Maria Trave	re if the	.186 3604 Shaw	nee Drive Carcon	City, Nevada 89705
	BURIAL, CREMATION, REMOVAL, OTHE	ER (Specify) CEME		ton s LOCATION	City or Town State
	19a Cremation	100		777367	
OSITION	FUNERIAL DIRECTOR—SIGNATION		Carson Sierra Crem		son City Nevada
	(On Person Acting as Such)	JCEN	SE NUMBER	Cabiforial Print	Cremation & Burial
	20a. Mary 10 the best of my incressing.	14°	09 Society	1614 N. Curry St. Ca	
,	Z 21s To the best of my moviledge, due to the cause(s stated.	OBETH OCCUPIED At the time,	date and trace and	22a. On the basis of examination and/or in at the time, date and place and due	ivestigation, in my opinion death occurred to the cause(s) and manner stated.
	218. To the best of my incombigge, death occurred at the time, date and visco and the time, date and place and cue to the cause(s) and place and p				
	DATE SIGNED (Mo., Day, Yr.	AOUR OF	DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
TIFIER	00 21b.       00	Shir + 7 1210-12	13:06	€ 220. ( ) / /	22c.
	NAME OF ATTENDING PHYS	SICIAN IF OTHER THAN CE	RTIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Dey, Yr)	PRONOUNCED DEAD (Hour)
	່ປີ 21d.	Link to Million	义 《 一 一 一 一 一 一 一	22d ON	22s AT (V)
	NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN, ATT	ENDING PHYSICIAN, MEDICAL EXAMINER		LICENSE NUMBER -
	23a. Kelle Bros	gan M.D. 186	53 Wedge Parkway	Reno. Nevada 89511	236. 6000
DITTONS	REGISTRAR			REGISTRAR (Mo.: Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
ANY	24a. (Signature)	. XI		24c. YES	NO 20
H GAVE SE TO EDIATE		ONLY ONE CAUSE PER LIM	FOR (a), (b), AND (c).)	1200	Interval between onset and death
EDIATE NUSE ING THE	1900n	$d \in \mathcal{L}$	1.0	motion (1)	<u> </u>
RLYING E LAST	PART (a) DUE TO, OR AS A CONS	FOLIENCE OF	ware ou	Mary VO.	Interval between onset and death
1 /	1 401	rix M	210		
<b>└</b>	DUE TO, OR AS A CONS	TOUT OF			Interval between onset and death
	( DOL 10, OK AS A CIPING	ECCENCE OF.		,	Interval petween oriset and death
SE OF	(c)				
HTA	PART OTHER SIGNIFICANT CONDI	ITIONS—Conditions contribu	ling to death but not resulting in the underlying	ng cause given in Part 1. AUTOPSY (S Yes	ipecify   WAS CASE REFERRED TO or No)   CORONER (Specify Yes or No)
-			/	26. No	27 No
	ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY DESCRIBE HOW	N INJURY OCCURRED	
	(Specify) 28b	/ 2	8c. M 28d.		
	INJURY AT WORK PLAC (Specify Yes or No)	E OF INJURY—At home, la	rm, street, factory, office LOCATION	STREET OR FI.F.D. No.	CITY OR TOWN STATE
	28e. 28f.	building, etc.	(Speciny) 28g.		
			1	/	
		STATE D	REGISTRAR	,	No./321314 📜
		VIAICE	LEWIN I I IMIT	_	<u> </u>
	,				

088860

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.

STATE REGISTRAR