

15

OFFICIAL RECORD

Requested By:  
MICHAEL ST. CLAIR

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-1210 PG- 5324 RPTT: 0.00

A.P.N.: 1220-21-710-066  
File No: (Rt)



When Recorded return to, and mail Tax Statements to:  
Michael St. Clair  
770 Hornet Drive  
Gardnerville, NV 89410

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Michael St. Clair**, of legal age, being first duly sworn, deposes and says:

That **Helen St. Clair**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Helen St. Clair** named as one of the parties in that certain **Michael St. Clair and Helen St. Clair** dated **7-21-10** executed by **Gregg Nimmo and Deborah Nimmo, husband and wife as joint tenants to Michael St. Clair and Helen St. Clair** as joint tenants, recorded as Document No. **768999** on **8-20-10** in Book **810 Page 4674** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 566 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.**

Michael St. Clair 12/22/10  
Michael St. Clair Date

STATE OF **NEVADA** )  
 )  
 ) :ss.  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on 12/22/10  
by

Michael St. Clair  
Renee L. Thompson  
Notary Public  
(My commission expires: 4/10/11 )



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS

### CERTIFICATE OF DEATH

2010018109

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) <b>Helen J ST CLAIR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 01, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street and number) <b>770 Hornet Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify). <b>Home</b>	
4 SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>65</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>December 26, 1944</b>	
5 RACE - White (Specify)		6. Hispanic Origin? Specify. No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS	
9a STATE OF BIRTH (if not U.S.A., name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		7c. UNDER 1 DAY HOURS   MINS	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (if wife, give maiden name) <b>Michael J ST. CLAIR</b>	
13 SOCIAL SECURITY NUMBER <b>0039</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Office Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY. <b>Furniture Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>770 Hornet Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER - NAME (First Middle Last Suffix) <b>Joseph GRANA</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Dorothy BREWSTER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Michael ST. CLAIR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>770 Hornet Dr Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Northern California Veterans Cemetery</b>		19c. LOCATION City or Town State <b>Igo California 96047</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
20c. NAME AND ADDRESS OF FACILITY					
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) <b>KELLE BROGAN M.D.</b>			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>December 06, 2010</b>		21c. HOUR OF DEATH <b>02:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Kelle Brogan M.D. 429 Elm Street Reno, NV 89503</b>				23b. LICENSE NUMBER <b>6000</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 06, 2010</b>		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) <b>Inoperable Ovarian Cancer</b> DUE TO, OR AS A CONSEQUENCE OF				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	
(d) _____ DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC, SUICIDE, HOMICIDE, 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



0775874 Page: 2 Of 2 12/22/2010

BK- 1210  
PG- 5325

VRS-Rev 20100216

### 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:

12/06/2010

*Christina Griffith*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

