

16-

1320-36-002-020

Assessor's Parcel Number: 23-472-09

Recording Requested By:

Name: ROBERT & NAOMI O'KEEFE

✓ Address: 1909 HORSEBUSH CT

City/State/Zip GARDNERVILLE, NV 89410

Real Property Transfer Tax:

\$ _____

DOC # 0783322
05/16/2011 01:44 PM Deputy: DW
OFFICIAL RECORD
Requested By:
ROBERT O'KEEFE

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0511 PG- 2936 RPTT: 0.00



AFFIDAVIT - DEATH of JOINT TENANT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

<p>APN: 23-472-09</p> <p>RECORDING REQUESTED BY:</p> <p>Robert & Naomi O'Keefe 1909 Horsebush Ct. Gardnerville, NV 89410</p> <p><u>AFTER RECORDATION, RETURN BY MAIL TO</u></p> <p>Robert & Naomi O'Keefe 1909 Horsebush Ct. Gardnerville, NV 89410</p>	
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

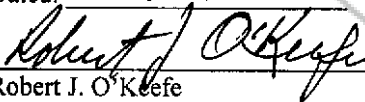
STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

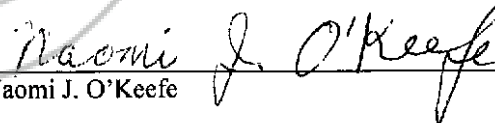
ROBERT J O'KEEFE and NAOMI J. O'KEEFE, being 18 years or over, being first duly sworn, depose and say:
The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ARTHUR E. O'KEEFE named as one of the parties in that certain Individual Grant Deed dated November 19, 1992, executed by BEAIRD, VAN HOUTEN and ASSOCIATES, Inc., A California corporation to ARTHUR E. O'KEEFE, and ROBERT J. O'KEEFE and NAOMI J. O'KEEFE (surviving tenants), as joint tenants, and recorded on November 23, 1992, in Book 1192, at Page 4098, Document No. 293815 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 1, in Block C, as shown on the map of WILDFLOWER RIDGE SUBDIVISION, UNIT NO. 2 filed for record in the office of the County Recorder of Douglas County, State of Nevada on December 19, 1990, in Book 1290, Page 2541, as Document No. 241308.

A.P.N. 23-472-09

Dated: 5-11-11

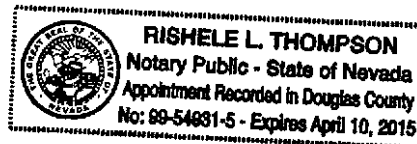

Robert J. O'Keefe


Naomi J. O'Keefe

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 11 day of May, 2011, by Robert J. O'Keefe and Naomi J. O'Keefe, proved to me on the basis of satisfactory evidence to be the persons who appear before me.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

201006741
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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) Arthur Edward OKEEFE			2. DATE OF DEATH (Mo/Day/Year) May 06, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e.If Hosp or Inst indicate DOA,OP/Emer, Rm. Inpatient(Specify) Inpatient		4. SEX Male
5. RACE White (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 86	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	7d. UNDER 1 DAY MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 25, 1923
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) Never Married	
13. SOCIAL SECURITY NUMBER 0368		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrical Worker		14b. KIND OF BUSINESS OR INDUSTRY Heavy Equipment		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1909 Horsebush Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME (First Middle Last Suffix) Martin C OKEEFE			17. MOTHER - NAME (First Middle Last Suffix) Dorothy PURVES			
18a. INFORMANT - NAME (Type or Print) Robert OKEEFE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1909 Horsebush Court Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
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 AUTHENTICATED</i> JOSE ALFREDO AGUIRRE MD			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) May 10, 2010		21c. HOUR OF DEATH 18:10	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 11, 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).)					Interval between onset and death	
PART I (a) Cardiopulmonary Arrest					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(b) Aspiration Pneumonia					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(c)					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(d)					Interval between onset and death	
PART II					26. AUTOPSY (Specify Yes or No) No	
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC, SUICIDE, HOM., 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



BK- 0511
PG- 2938
0783322 Page: 3 of 3 05/16/2011

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: **05/11/2010**

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

