

15-

OFFICIAL RECORD

Requested By:
JULIE ANN RAMM

APN 1220-12-310-044

Recording requested by and mail documents
and tax statements to:

Julie Ann Ramm
✓ 1067 Arroyo Drive
Gardnerville, NV 89410

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0511 PG- 4576 RPTT: # 3



DEATH OF GRANTOR AFFIDAVIT

JULIE ANN RAMM, being duly sworn, deposes and says that JEAN HOMER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JEAN HOMER, named as grantor in the deed recorded on April 9, 2010, in Book 0410, at page 1820, records of Douglas County, Nevada, covering the following described real property:

Lot 49, as shown on the map of the PINENUT SUBDIVISION, UNIT NO.1, Filed in the Office of the County Recorder of Douglas County, Nevada, on June 11, 1963, in Book of Maps, as File No. 22783.

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JULIE ANN RAMM is the grantee to whom the real property is conveyed upon the death of the grantor JEAN HOMER and is the authorized representative of the grantee.

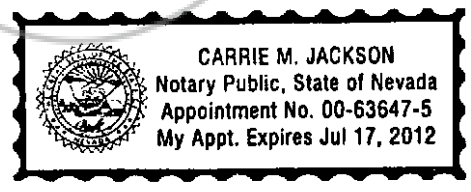
Dated this 26 day of May, 2011.

JULIE ANN RAMM

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

On this 26 day of May, 2011, personally appeared before me, a Notary Public, Julie Ann Ramm, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2011001393
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) Jean HOMER		2 DATE OF DEATH (Mo/Day/Year) January 21, 2011		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) 1067 Arroyo Dr		3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 82		7b UNDER 1 YEAR /c UNDER 1 DAY Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		8 DATE OF BIRTH (Mo/Day/Yr) January 29, 1928	
9a. STATE OF BIRTH (if not U.S.A., name country) Iowa		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12 SURVIVING SPOUSE (if wife, give maiden name)		13 SOCIAL SECURITY NUMBER 4553	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Play Ground Aide		14b. KIND OF BUSINESS OR INDUSTRY Douglas School District		Ever in US Armed Forces? No	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1067 Arroyo Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) William KNAUER	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Frances STADY		18a. INFORMANT - NAME (Type or Print) Julie RAMM		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 610 Poplar St Carson City, Nevada 89703	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. GEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
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 395 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) COLLEEN AALBERS DO <i>SIGNATURE AUTHENTICATED</i>		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) January 27, 2011		21c HOUR OF DEATH 20:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		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) Physician COLLEEN AALBERS DO 1649 Lucerne St Minden, NV 89423			
23b. LICENSE NUMBER 1416		24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 03, 2011		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) Abdominal Aortic Aneurysm Rupture Interval between onset and death					
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 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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- 4577

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VRS-Rev-20110104

1469 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: 02/03/2011

Rud White
SIGNATURE AUTHENTICATED

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

