

16
DOC # 0792988
11/21/2011 01:09 PM Deputy: GB

OFFICIAL RECORD
Requested By:
STEVEN MIEURE

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1111 PG- 4663 RPTT: 0.00



Assessor's Parcel Number: 1022-16-002-002

Recording Requested By:

Name: STEVEN E. MIEURE

Address: 3590 GRANITE WAY

City/State/Zip WELLINGTON, NV 89444

Real Property Transfer Tax:

\$ _____

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

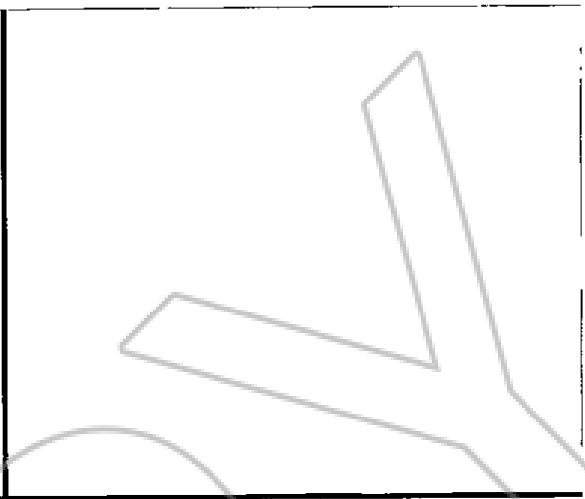
This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

APN: 1022-16-002-002
RECORDING REQUESTED BY:
Steven E. Mieure
3590 Granite Way
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO

Steven E. Mieure
3590 Granite Way
Wellington, NV 89444



SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

STEVEN E. MIEURE, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MERVIN E. MIEURE named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 10, 2006, executed by MERVIN E. MIEURE, a surviving joint tenant, to MERVIN E. MIEURE and STEVEN E. MIEURE (surviving tenant), as joint tenants, and recorded on August 24, 2006, in Book 0806, Page 9336, Document No. 682951 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 6, in Block T, as shown on the map of TOPAZ RANCH ESTATES UNTI NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970.

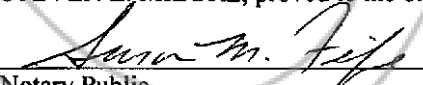
Dated: Nov 16, 2011



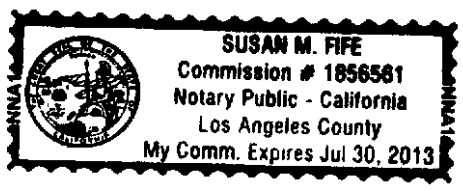
STEVEN E. MIEURE

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 16 day of November, 2011, by STEVEN E. MIEURE, proved to me on the basis of satisfactory evidence to be the person who appears 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

2011009845
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) Mervin Eugene MIEURE		2. DATE OF DEATH (Mo/Day/Year) June 21, 2011		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown 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) 90		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 11, 1920		9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		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 3186		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Beverage Driver		14b. KIND OF BUSINESS OR INDUSTRY Beverage Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3590 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Garl MIEURE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Myrtle May RUBY		18a. INFORMANT - NAME (Type or Print) Ronald A MIEURE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 272 Riverwood Lane Bullhead City, Arizona 86442	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) OMAR CANADAY SIGNATURE AUTHENTICATED			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) June 24, 2011		21c. HOUR OF DEATH 10:08		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) OMAR CANADAY 1155 Mill St. Reno, NV		23b. LICENSE NUMBER LL1850	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 27, 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). Interval between onset and death					
PART I					
(a) Asystole					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Septic shock					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Aspiration pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown etiology					
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



0792988 Page: 3 Of 3 11/21/2011

BK- 1111
PG- 4665

VRS-Rev-20110104

394481

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: 07/13/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

