

DOC # 793771
12/06/2011 02:21PM Deputy: SG
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1211 PG-1062 RPTT: 0.00

APN: 1420-34-310-033

ORDER NO.: 1097402-wd



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

NORTHERN NEVADA TITLE COMPANY

Signed By: 

Print Name/Title: Sherry Ackermann/Escrow

WHEN RECORDED MAIL TO:

Dorothy Van Pelt
1771 Venice Drive
South Lake Tahoe, CA 96150



A.P.N.: 1420-34-310-033
Escrow No.: 1097402-WD

RECORDING REQUESTED BY
Northern Nevada Title Company
1483 US Highway 395 N # B
Gardnerville, NV 89410

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Dorothy Grace Van Pelt
1771 Venice Drive
South Lake Tahoe, CA 96150

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT


Dorothy Grace Van Pelt, of legal age, being duly sworn, deposes and says:

That Kimberlan Dale Van Pelt, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Kim Van Pelt named as one of the parties in that certain Grant, Bargain, Sale Deed, executed by Christopher C. Stone and Toni Michelle Stone to Kim Van Pelt and Dorothy Grace Van Pelt, husband and wife as joint tenants, recorded as Instrument No. 598671, on December 4, 2003, in Book 1203, Page 1959, of Official Records of Douglas County, Nevada, covering the following described property situated in the **County of Douglas**, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 14, Block 3, as shown on the map of ARTEMISIA RESUBDIVISION, filed in the office of the County Recorder on April 23, 1962, as Document No. 19909, Official Records of Douglas County, State of Nevada.

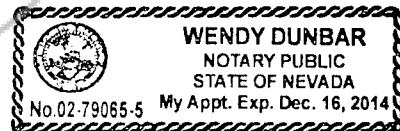
Dated: December 6, 2011



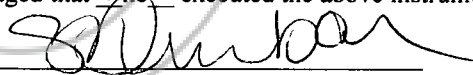
Dorothy Grace Van Pelt

STATE OF NEVADA)

COUNTY OF DOUGLAS)



On 12-5-11 personally appeared before me, a Notary Public, Dorothy Grace Van Pelt who acknowledged that She executed the above instrument.

Signature 

(Notary Public)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA



BK 1211
PG-1064

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CERTIFICATE OF DEATH

3200908000486

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND COMPLETE ALL FIELDS UNLESS OTHERWISE INDICATED		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
KIMBERLAN		DALE		VAN PELT	
4. DATE OF BIRTH (month/day/year)					
04/14/1953					
5. AGE Yrs					
56					
6. SEX					
M					
9. BIRTH STATE/FORIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
CA		4437		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. EDUCATION - Highest Level/Type (See worksheet for details)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		13. MARITAL STATUS (at time of death)	
SOME COLLEGE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail computer, employment agency, etc.)		19. YEARS IN OCCUPATION	
BUSINESS OWNER		RV SALES		12	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1771 VENICE DRIVE					
21. CITY		22. COUNTY/DIVISION		23. ZIP CODE	
S LAKE TAHOE		EL DORADO		96150	
24. YEARS IN COUNTY		25. STATE/FORIGN COUNTRY		26. DECEASED'S RESIDENCE (Street and number or location, city or town, state, ZIP)	
25		CA		1771 VENICE DRIVE, S LAKE TAHOE, CA 96150	
27. INFORMANT'S NAME, RELATIONSHIP					
DOROTHY VAN PELT, WIFE					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
DOROTHY		GRACE		VANDER MAARL	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
RUDY		DUANE		VAN PELT	
34. BIRTH STATE		35. BIRTH STATE		36. BIRTH STATE	
IA		CA		CA	
37. NAME OF MOTHER - FIRST		38. MIDDLE		39. LAST (Maiden)	
BEVERLY		GAIL		EMERSON	
40. DISPOSITION (DATE and METHOD)		41. PLACE OF FINAL DISPOSITION (RES. DOROTHY VAN PELT 1771 VENICE DRIVE, S LAKE TAHOE, CA 96150)			
06/23/2009		RES. DOROTHY VAN PELT 1771 VENICE DRIVE, S LAKE TAHOE, CA 96150			
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
CR/RCS		NOT EMBALMED		-	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. SIGNATURE OF LOCAL REGISTRAR	
MC FARLANE MORTUARY INC		FD1180		DEAN KELAITA, MD	
48. DATE (month/day/year)		49. SIGNATURE OF LOCAL REGISTRAR			
06/22/2009		DEAN KELAITA, MD			
101. PLACE OF DEATH					
BARTON MEMORIAL HOSPITAL					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION (Where found) (Street and number or location)		104. CITY	
EL DORADO		2170 SOUTH AVENUE		SO. LAKE TAHOE	
105. CAUSE OF DEATH (Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT ABBREVIATE.)					
IMMEDIATE CAUSE (A) PNEUMONIA					
106. TIME ELAPSED BETWEEN ONSET AND DEATH					
1 DAY					
107. DEATH REPORTED TO CORONER					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
108. DISPOSY PERFORMED					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
109. AUTOPSY PERFORMED					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
110. USED IN DETERMINING CAUSE?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
PARTIAL BOWEL OBSTRUCTION					
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date)					
BIOPSY SUPRACLAVICULAR NODE 05/05/2009					
113. IF FEMALE, PREGNANT IN LAST YEAR?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE (month/day/year)	
JEAN PETERS MAKRIS M.D.		A77127		06/22/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
JEAN PETERS MAKRIS M.D.					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					
120. MANNER OF DEATH		121. INJURED AT WORK?		122. INJURY DATE (month/day/year)	
Industrial <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE (month/day/year)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
		DEAN M. KELAITA, MD			
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

* 000120819 *

06/30/2009

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Health Officer.

FENED (REV) 11/05

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

