

OFFICIAL RECORD

Requested By:
JOYCE M. STEVENS

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1211 PG- 3936 RPTT: 0.00



When Recorded, Mail to:
✓ Joyce M Stevens
2637 Kayne Ave
Minden NV 89423
APN: 1420-34-410-DK

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF _____)

Joyce M Stevens hereby swears (or affirms) under penalty of perjury that the following assertions are true of his/her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am Joyce M Stevens, the person named as one of the grantees in that certain 0625693 Deed recorded as Instrument No. _____ in Book 1004 PG01633 of the Official Records in the Office of the County Recorder of Douglas County, Nevada.

3. The property which is the subject of the above-described deed is located in the county of Douglas, state of Nevada, and is more particularly described as follows:
(Here set forth the legal description and, if known, the physical address)

4. C Howard Stevens was one of the grantees named in said deed and is the identical person named as Charles Howard Stevens, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am Wife's (describe family relationship, if any, of Affiant to deceased joint tenant).

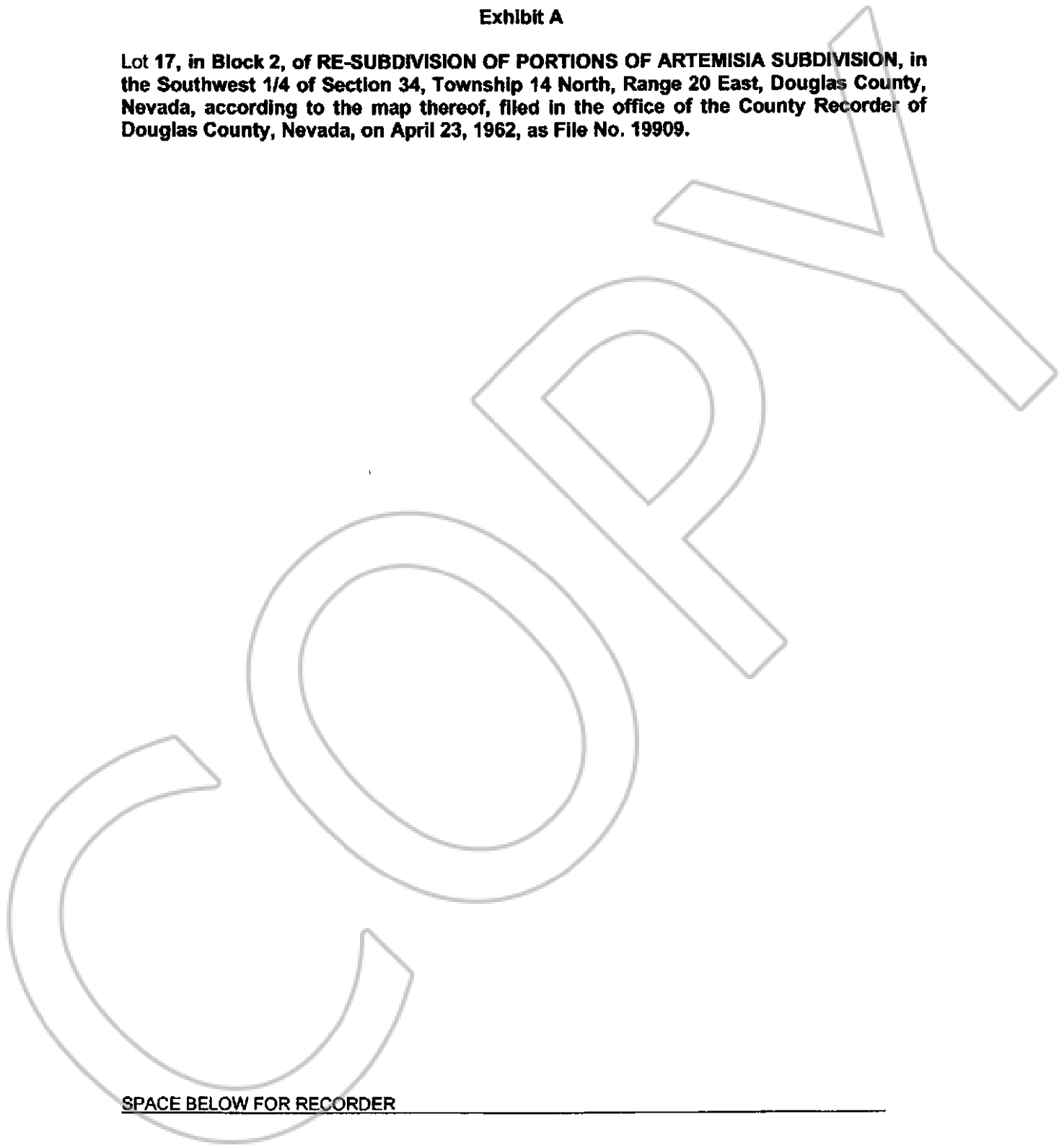
5. As recited in the above-described Certificate of Death, _____ died on the 4 day of December, 2011, in (City) Carson, _____ County, NV (state).

Joyce M Stevens
(TYPE AFFIANT'S NAME HERE)
Joyce M Stevens

(JURAT)

Exhibit A

Lot 17, in Block 2, of RE-SUBDIVISION OF PORTIONS OF ARTEMISIA SUBDIVISION, in the Southwest 1/4 of Section 34, Township 14 North, Range 20 East, Douglas County, Nevada, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on April 23, 1962, as File No. 19909.



SPACE BELOW FOR RECORDER

0625693

BK1004PG00634

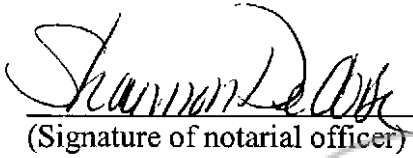


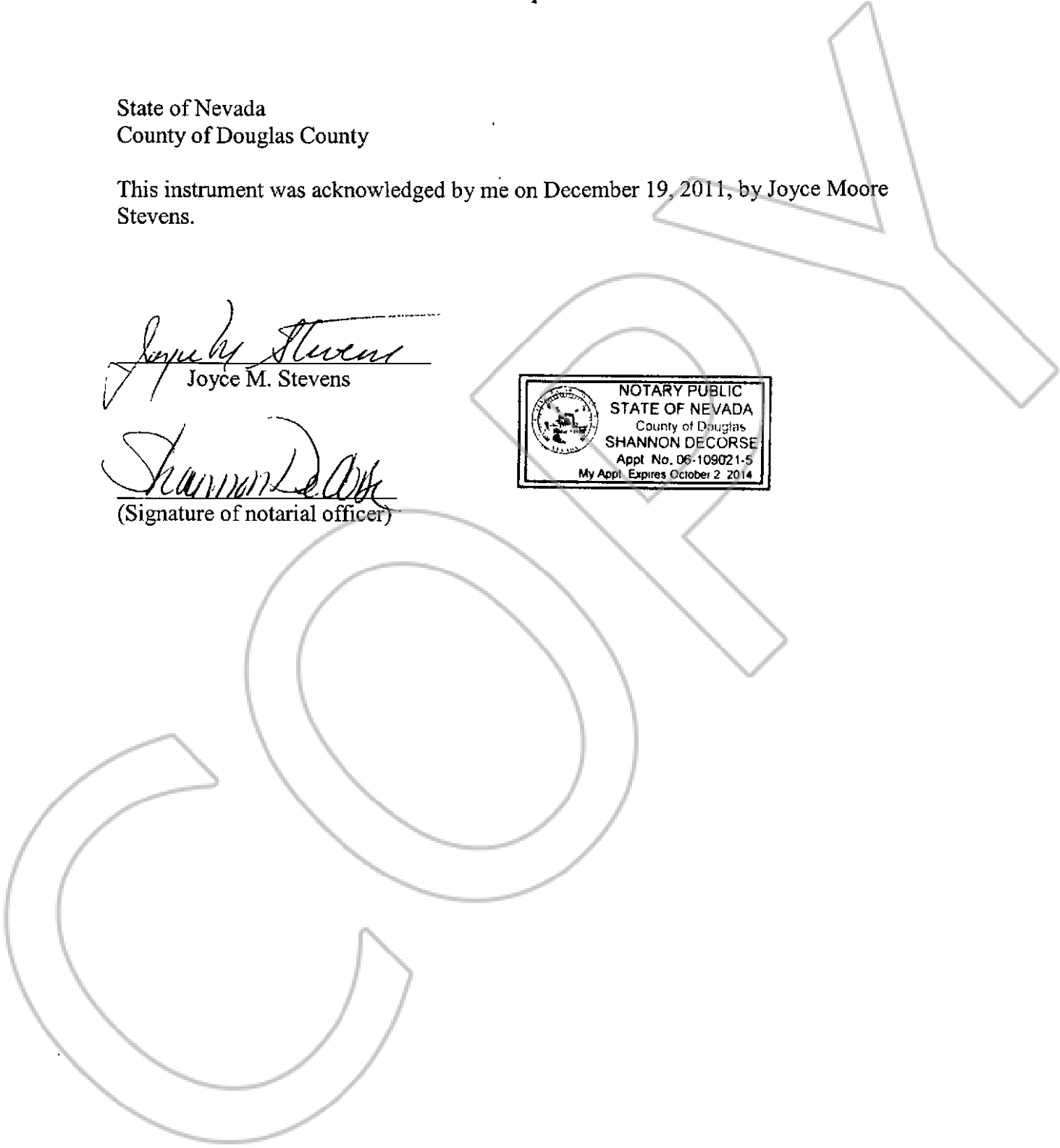
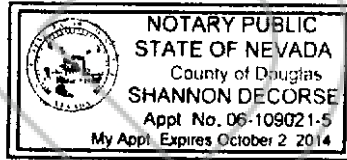
Affidavit of Surviving Joint Tenant

State of Nevada
County of Douglas County

This instrument was acknowledged by me on December 19, 2011, by Joyce Moore Stevens.


Joyce M. Stevens


(Signature of notarial officer)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2011018869

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) Charles Howard STEVENS		2. DATE OF DEATH (Mo/Day/Year) December 04, 2011		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/Emr Rm. Inpatient(Specify) Inpatient	
4. SEX Male		7a. AGE-Last birthday (Years) 79		8. DATE OF BIRTH (Mo/Day/Yr) July 27, 1932	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Joyce MOORE	
9a. STATE OF BIRTH (If not U.S.A. name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
13. SOCIAL SECURITY NUMBER 8660		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineering Manager		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2637 Kayne Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Walter STEVENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred HOWARD		
18a. INFORMANT - NAME (Type or Print) Joyce STEVENS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2637 Kayne Ave Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
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 Facility 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) TREVOR PHAN MD 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) December 07, 2011		21c. HOUR OF DEATH 15:10		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TREVOR PHAN MD 1600 Medical Pkwy Carson City, NV, 89702				23b. LICENSE NUMBER 12765	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 07, 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) Respiratory Failure				Interval between onset and death	
(b) Aspiration Pneumonia, Emphysema				Interval between onset and death	
(c) Gastroparesis				Interval between onset and death	
(d) Esophageal Cancer				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED 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.		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR



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BK- 1211
PG- 3939
12/19/2011

VRS-Rev-20110104

413531

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: 12/07/2011

Rodney Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

