

DOC # 794623  
12/21/2011 12:53PM Deputy: SG  
**OFFICIAL RECORD**  
Requested By:  
Western Title Company  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-1211 PG-4601 RPTT: 0.00



APN#: 1220-16-111-002

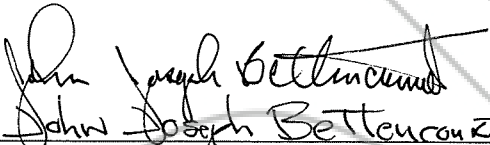
**Recording Requested By:**

John Joseph Bettencourt

**When Recorded Mail To:**

John Joseph Bettencourt  
985 Springfield Drive  
Gardnerville, NV 89460

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature  Seller  
John Joseph Bettencourt Print name Title

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**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)



### AFFIDAVIT - DEATH OF JOINT TENANT

John Joseph Bettencourt, Surviving Trustee of the Bettencourt Family Trust dated September 11, 1999, of legal age, being first duly sworn, deposes and says:

That Carole Joanne Bettencourt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as Trustee in that certain Quitclaim Deed dated September 11, 1999 executed by John Joseph Bettencourt and Carole Joanne Bettencourt, husband and wife to John Joseph Bettencourt and Carole Joanne Bettencourt, as Trustees of The Bettencourt Family Trust dated September 11, 1999, recorded as instrument No. 0476712, on September 16, 1999, in Book 0999, Page 3118, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 69, in Block A, as shown on the Final Map of Pleasantview Phase 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1993, in Book 1293, Page 1194, as Document No. 324312.



Affidavit – Death of Joint Tenant – Page 2

Dated December 20, 2011

John Joseph Bettencourt, Surviving Trustee of the  
Bettencourt Family Trust dated September 11,  
1999

John Joseph Bettencourt  
Surviving Joint Tenant

STATE OF NEVADA

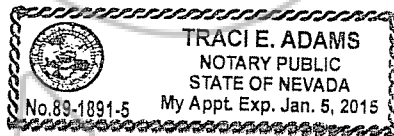
}SS

COUNTY OF Douglas

This instrument was acknowledged before  
me on 12/20/11,

by John Joseph Bettencourt

Notary Public



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada



BK 1211  
PG-4604

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## STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

2006000753

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last <b>Carole J. BETTENCOURT</b>		2. DATE OF DEATH (Month, Day, Year) <b>March 20, 2006</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Washoe Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) <b>61</b>		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) <b>February 4, 1945</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>13 years</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>John Bettencourt</b>	
13. SOCIAL SECURITY NUMBER <b>3735</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Banker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Financial</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>985 Springfield Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER—NAME First Middle Last <b>Jack L. Pilkinton</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Ruth G. Hayden</b>			
18a. INFORMANT—NAME (Type or Print) <b>John J. Bettencourt - Husband</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>985 Springfield Dr., Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>	
20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>3-25-06</b>		21b. HOUR OF DEATH <b>1133</b>		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) and manner stated. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Leslie S. Smith MD</b>		21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Leslie S. Smith MD, 23 W. 6th St. Reno, Nevada 89503</b>		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Hour)		22d. ON		22e. AT	
23a. REGISTRAR <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 23, 2006</b>		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) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>COPD</b> DUE TO, OR AS A CONSEQUENCE OF: (c)		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION	
28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR

No. 325162

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: \_\_\_\_\_

Date: \_\_\_\_\_

MAR 30 2006

