

APN 1420-15-110-015

**RECORDING REQUESTED BY AND  
AFTER RECORDING  
MAIL AFFIDAVIT TO:**

✓ Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0212 PG- 2921 RPTT: 0.00



**MAIL TAX STATEMENTS TO:**

Joan Elizabeth Rose  
1403 Topaz Lane  
Gardnerville, NV 89460

I, the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. *[Per NRS 440.380(1)(a) and 40.525(5)]*

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, JOAN E. ROSE, also known as JOAN ELIZABETH ROSE, being duly sworn say:

1. I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as WALTER J. ROSE, who is named with me as one of the parties in the deed dated February, 7, 1975, executed by LAKE TAHOE AND CARSON VALLEY CONSTRUCTION CO. and granted to WALTER J. ROSE and JOAN E. ROSE, husband and wife, as Joint Tenants, recorded in the Official Records of Douglas County, Nevada on February 7, 1975, as document # 78121, Book 275, Page 231, covering the following described property situated in the said County, State of Nevada:

all that real property in the County of Douglas, State of Nevada particularly described as:

Lot 461, as shown on the Map of Subdivision of Lots 91 A&B, 92 A&B, 93 through 96, and 221 through 232, Gardnerville Ranchos Unit No. 2, filed July 10 1967, Document No. 37049, in the office of the County Recorder of Douglas County, State of Nevada.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

2. As a result of the death of my husband, WALTER J. ROSE, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: November 30, 2011.

Joan E. Rose  
JOAN E. ROSE,  
also known as Joan Elizabeth Rose

JURAT

State of Nevada )  
County of Douglas )

Signed and Sworn to before me on November 30, 2011 by JOAN E. ROSE, also known as JOAN ELIZABETH ROSE.

WITNESS my hand and official seal.

Susan C. Happe  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2007012353

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 Walter		1b. MIDDLE J		1c. LAST ROSE		2. DATE OF DEATH (Mo/Day/Year) December 31, 2007		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) 1403 Topaz Lane			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. SEX Male	
5. RACE (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic		7a. AGE - Last birthday (Years) 74		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1933		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Joan ATKINS		13. SOCIAL SECURITY NUMBER [REDACTED] 9016			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Correctional Officer		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1403 Topaz Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME (First Middle Last Suffix) Walter H ROSE					17. MOTHER - NAME (First Middle Last Suffix) Amy JAMES				
18a. INFORMANT - NAME (Type or Print) Joan ROSE				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1403 Topaz Lane Gardnerville, Nevada 89460					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such). JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1360 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) STEPHEN J HEWITT DO 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) January 02, 2008			21c. HOUR OF DEATH 02:55		22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					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) Dr. Stephen J. Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449								23b. LICENSE NUMBER NV.1107	
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 03, 2008		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) Prostate Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)							Interval between onset and death Years		
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) No
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



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BK- 0212  
PG- 2923

535636



407603 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: OCT 25 2011

*R. J. White*  
STATE REGISTRAR

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

