

Record and Return To:
ISGN Fulfillment Services
PO Box 2590
Chicago, IL 60690

DOC # 797387
02/16/2012 08:49AM Deputy: SG
OFFICIAL RECORD
Requested By:
ISGN Fulfillment Service,
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: \$15.00
BK-212 PG-2979 RPTT: 0.00

APN 1220-16-210-095

SEND TAX NOTICES TO:

Name: BETTY L JENSON

Street
Address: 1281 MANHATTAN WY

City & GARDNERVILLE
State, zip NV 89460



90-3483458

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

A.P.N. 1220-16-210-095

STATE OF NV,



COUNTY OF DOUGLAS)

JENSON, BETTY

BETTY L JENSON, of legal age, being first duly sworn, and deposes says:
That TIMOTHY LEE JENSON, the decedent mentioned in the attached certified copy of Certificate of Death, Certificate #2011017340 is the same person as TIMOTHY L. JENSON named as one of the parties in that certain Grant Deed dated, ~~9-12-88~~, recorded as Instrument No. ~~186618 on 9-19-88~~ in Book 988, Page 2617, of Official Records of DOUGLAS County, NV State, covering the following described property:

1281 MANHATTAN WAY
GARDNERVILLE NV 89460

90-03437836

ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

LOT 10, IN BLOCK D, AS SAID LOT AND BLOCK ARE SHOWN ON THAT CERTAIN MAP ENTITLED "AMENDED MAP OF RANCHOS ESTATES", FILED FOR RECORD ON OCTOBER 30, 1972, IN BOOK 1072, PAGE 642, AS DOCUMENT NO. 62493.

PARCEL ID: 1220-16-210-095
KNOWS AS: 1281 MANHATTAN WAY

Dated: 1-17-2012

Betty L Jenson
BETTY L JENSON

SUBSCRIBED AND SWORN TO before me, the undersigned, Cathy L. Etheridge

A Notary Public in and for said State, this 17th

Day of January, 2012

Signature Cathy L. Etheridge
Notary Public in and for said State



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2011017340

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) Timothy Lee JENSON			2. DATE OF DEATH (Mo/Day/Year) November 06, 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) 69	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 18, 1942			
9a. STATE OF BIRTH (If not U.S.A., name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Betty GRANT		13. SOCIAL SECURITY NUMBER 3511		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Pit Boss		14b. KIND OF BUSINESS OR INDUSTRY Casino	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1281 Manhattan Way	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes							
16. FATHER/PARENT - NAME (First Middle Last Suffix) James JENSON				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Virginia GAINAN			
18a. INFORMANT- NAME (Type or Print) Betty JENSON				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 6235 Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAROLL DAVID HIGGINS <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 20		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502			
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) NAUROZ I. ALI <i>SIGNATURE AUTHENTICATED</i>				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) November 07, 2011		21c. HOUR OF DEATH 07:15		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) NAUROZ I. ALI 1155 Mill St. Reno, NV						23b. LICENSE NUMBER 13285	
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 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).)							
PART I						Interval between onset and death	
(a) Bilateral pneumonia DUE TO, OR AS A CONSEQUENCE OF:							
(b) Unknown etiology DUE TO, OR AS A CONSEQUENCE OF:							
(c) DUE TO, OR AS A CONSEQUENCE OF:							
(d) DUE TO, OR AS A CONSEQUENCE OF:							
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) 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 212
PG-2980

VRS-Rev.20110104

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.

11/10/2011

DEPUTY REGISTRAR

Joseph P. Iser M.D., P.H., M.S.
SIGNATURE AUTHENTICATED

DATE ISSUED:

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

PNMCO (Rev) 12/09

