

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

DOC # 797469  
02/17/2012 10:59AM 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-3318 RPTT: 0.00



APN 1220-16-210-095

SEND TAX NOTICES TO:

Name: BETTY L JENSON

Street  
Address: 1281 MANHATTAN WY

City & State, zip  
GARDNERVILLE NV 89460

90-348395-8

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 17<sup>th</sup>

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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Timothy Lee JENSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 06, 2011</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>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 18, 1942</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Montana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Betty GRANT</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>3511</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Pit Boss</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Casino</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1281 Manhattan Way</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James JENSON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Virginia GAINAN</b>	
	16a. INFORMANT- NAME (Type or Print) <b>Betty JENSON</b>		16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 6235 Gardnerville, Nevada 89460</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CAROLL DAVID HIGGINS</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>20</b>		20c. NAME AND ADDRESS OF FACILITY <b>Truckee Meadows Cremation and Burial</b> <b>616 South Wells Avenue Reno NV 89502</b>	
CERTIFIER	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) <i>SIGNATURE AUTHENTICATED</i> <b>NAUROZ I. ALI</b>	
	21b. DATE SIGNED (Mo/Day/Yr) <b>November 07, 2011</b>		21c. HOUR OF DEATH <b>07:15</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) stated. (Signature & Title)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b. DATE SIGNED (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>NAUROZ I. ALI 1155 Mill St. Reno, NV</b>				22c. HOUR OF DEATH	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <i>SIGNATURE AUTHENTICATED</i>				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 09, 2011</b>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Bilateral pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Unknown etiology</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b> PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				23b. LICENSE NUMBER <b>13285</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	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	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION		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



797469 Page: 2 of 2 02/17/2012

BK 212  
 PG-3319

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 MD, DrPH, MSc*  
**SIGNATURE AUTHENTICATED**

DATE ISSUED:

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

