

DOC # 803328
06/01/2012 03:23PM Deputy: AR
OFFICIAL RECORD
Requested By:
Western Title Company
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-612 PG-196 RPTT: 0.00

APN#: 1320-30-410-006

Recording Requested By:

Western Title Company



When Recorded Mail To:

Kelly Dallmann
3325 Rivera Street
San Francisco, CA 94116

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

Traci Adams

Escrow Officer

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

Jerry Dallmann by Kelly Ann Dallmann as his attorney in fact, of legal age, being first duly sworn, deposes and says:

That Shirley Jane Dallmann, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Shirley J. Dallmann named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 25, 2001 executed by Daryl R. Ketchum and Christina A. Ketchum, husband and wife as joint tenants to Jerry Dallmann and Shirley J. Dallmann, husband and wife as joint tenants as joint tenants, recorded as instrument No. 0513838, on May 9, 2001, in Book 0501, Page 2522, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 5, in Block A, as set forth on the Final Map #1010-4B of WESTWOOD VILLAGE UNIT 4B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 13, 1995, in Book 1295, Page 1906, as Document No. 376827.



Affidavit – Death of Joint Tenant – Page 2

Dated 5/23/12

Jerry Dallmann By Kelly Ann Dallmann ATTORNEY IN FACT
Jerry Dallmann by Kelly Ann Dallmann as his attorney in fact

STATE OF Nevada) SS
COUNTY OF Douglas

This instrument was acknowledged before me on
May 23, 2012

By Kelly Ann Dallmann.
Traci E. Adams
Notary Public



STATE OF NEVADA
CERTIFICATE OF VITAL RECORDS

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

2010007411
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) Shirley Jane DALLMANN		2. DATE OF DEATH (Mo/Day/Year) May 11, 2010		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, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - 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 07, 1935		9a. STATE OF BIRTH (If not U.S.A., name country) Maryland		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Jerry DALLMANN	
13. SOCIAL SECURITY NUMBER [REDACTED] 9415		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even If Retired) Registered Nurse		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 880 Long Leave Place		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Walter W BOLDEN	
17. MOTHER - NAME (First Middle Last Suffix) Dorothy V LEWIS		18a. INFORMANT - NAME (Type or Print) Jerry DALLMANN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 880 Long Leave Place Minden, Nevada 89423	
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 1380 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) CRAIG STEVEN RAU 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) May 19, 2010		21c. HOUR OF DEATH 06.10		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CRAIG STEVEN RAU MD 1600 Medical Pkwy Carson City, NV 89706		23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 24, 2010		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) Cardiorespiratory Failure Interval between onset and death Minutes (b) DUE TO, OR AS A CONSEQUENCE OF: Spontaneous Splenic Hemorrhage Interval between onset and death Days (c) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Embolus Interval between onset and death Weeks (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, HOA, UNDEF. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
28f. INJURY AT WORK (Specify Yes or No)		28g. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK 612
PG-199

803328 Page: 4 of 4 06/01/2012

VRS-Rv-200802

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: 05/24/2010

Christina Griffith
SIGNATURE AUTHENTICATED

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

