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Doc Number: **0809535**

09/21/2012 01:37 PM

OFFICIAL RECORDS

Requested By:  
David J. Nicholas

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00  
Bk: 0912 Pg: 5126



Deputy: sd

Assessor's Parcel Number: 1420-07-411-064

Recording Requested By:

Name: DAVID J. NICHOLAS

Address: 3426 TOURMALINE DR

City/State/Zip CARSON CITY, NV 89705

Real Property Transfer Tax:

\$ \_\_\_\_\_

AFFIDAVIT - DEATH of JOINT TENANT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

<p><b>APN: 1420-07-411-064</b></p> <p><b>RECORDING REQUESTED BY:</b></p> <p>David J. Nicholas 3426 Tourmaline Carson City, NV 89705</p> <p><u>AFTER RECORDATION, RETURN BY MAIL TO</u></p> <p>David J. Nicholas 3426 Tourmaline Carson City, NV 89705</p>	
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF DOUGLAS        )

DAVID J. NICHOLAS, being 18 years or over, being first duly sworn, deposes and says:

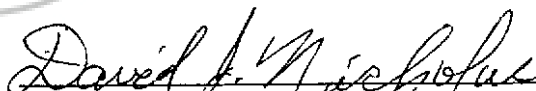
The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY K. NICHOLAS named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 20, 1988, executed by Robert A. Solis and Gypsee A. Solis, husband and wife, to DAVID J. NICHOLAS (surviving tenant), MARY K. NICHOLAS (deceased) and DORINDA K. CRONK know known as DORINDA K. NICHOLAS (surviving tenant), all as joint tenants, and recorded on July 20, 1988, in Book 788, Page 2605, Document No. 182506 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 29 of RIDGEVIEW ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on December 27, 1972, as Document No. 63503.

Together with an undivided 1/83 interest in and to all the common area, shown as Parcel "A" as set forth on said subdivision.

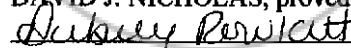
Excepting therefrom all minerals and mineral rights.

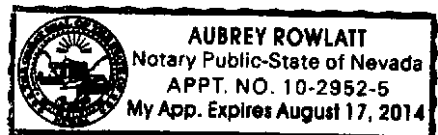
Dated: 9-20-12

  
DAVID J. NICHOLAS

State of Nevada            )  
  ) ss.  
County of Douglas         )

Subscribed and sworn to (or affirmed) before me on this 20 day of September, 2012, by DAVID J. NICHOLAS, proved to me on the basis of satisfactory evidence to be the person who appears before me.

  
Notary Public



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

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

**2012010825**  
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) <b>Mary Kathleen NICHOLAS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 08, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>3426 Tourmaline Way</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer, Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE Whites (Specify) <b>Whites</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 17, 1931</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Indiana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>10</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>David NICHOLAS</b>	
13. SOCIAL SECURITY NUMBER <b>8873</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Cashier</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Food</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3426 Tourmaline Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John HENDERSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary BROOKS</b>		
18a. INFORMANT - NAME (Type or Print) <b>David NICHOLAS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3426 Tourmaline Way Carson City, Nevada 89705</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenrys Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr. Carson City NV 89701</b>	
20d. SIGNATURE AUTHENTICATED					
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) <b>CHRISTOPHER HIGHLEY D.O.</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 10, 2012</b>		21c. HOUR OF DEATH <b>04:40</b>		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) <b>Christopher Highley, D.O. 1200 North Mountain Street Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>1108</b>					
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 12, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) <b>Respiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Chronic Obstructive Pulmonary Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____					
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) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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. 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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VRS-Rev-20120226

443466 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: 07/12/2012

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

