

DOC # 813564
11/29/2012 02:26PM Deputy: AR
OFFICIAL RECORD

Requested By:
First Centennial - Reno
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1112 PG-7454 RPTT: 0.00



APN: 1420-28-811-037
Escrow No. 00194143 - 002 -15

When Recorded Return to:
Dorothy Grace Vanpelt
1771 Venice Dr.
South Lake Tahoe, CA 96150

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA } ss:
COUNTY OF Carson City

Dorothy Grace Van Pelt, of legal age, being duly sworn, deposes and says

That Kim Van Pelt the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Kim Van Pelt named as one of the parties in that certain Grant Bargain Sale Deed dated November 23, 2003 executed by Lorre M. St. Germaine to Kim Van Pelt and Dorothy Grace Van Pelt, Husband and wife as joint tenants, recorded as Instrument No. 0598640, on December 4, 2003 in Book 1203 Page 01798 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 9, of SARATOGA HEIGHTS SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on May 15, 1961, as File No. 17827.

Dated: 11.26.12

Dorothy Grace Van Pelt
Dorothy Grace Van Pelt

SUBSCRIBED AND SWORN TO before me on this _____ day of _____
By Dorothy Grace Van Pelt.

See attached
NOTARY PUBLIC

SPACE BELOW FOR RECORDER



ACKNOWLEDGMENT

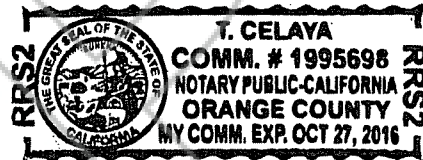
State of California
County of ORANGE

On 11.26.12 before me, T. CELAYA, NOTARY PUBLIC
(insert name and title of the officer)

personally appeared DOROTHY GRACE VAN PEET
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (is) are
subscribed to the within instrument and acknowledged to me that he (she) they executed the same in
his (her) their authorized capacity(ies), and that by his (her) their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.



Signature T. Celaya (Seal)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200909000486

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. MIDDLE	3. LAST (Family)
KIMBERLAN		DALE	VAN PELT
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)			
9. BIRTH STATE/FOREIGN COUNTRY		4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs
CA		04/14/1953	56
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)
4437		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	7. DATE OF DEATH mm/dd/yyyy
SOME COLLEGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	06/18/2009
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	8. HOUR (24 Hours)
BUSINESS OWNER		RV SALES	1530
20. DECEDENT'S RESIDENCE (Street and number or location)		19. YEARS IN OCCUPATION	
1771 VENICE DRIVE		12	
21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE
S LAKE TAHOE		EL DORADO	96150
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
25		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
DOROTHY VAN PELT, WIFE		1771 VENICE DRIVE, S LAKE TAHOE, CA 96150	
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE	30. LAST (Maiden Name)
DOROTHY		GRACE	VANDER MAARL
31. NAME OF FATHER — FIRST		32. MIDDLE	33. LAST
RUDY		DUANE	VAN PELT
34. BIRTH STATE		35. NAME OF MOTHER — FIRST	36. MIDDLE
IA		BEVERLY	GAIL
37. LAST (Maiden)		38. BIRTH STATE	
EMERSON		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
06/23/2009		RES. DOROTHY VAN PELT 1771 VENICE DRIVE, S LAKE TAHOE, CA 96150	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR
MC FARLANE MORTUARY INC		FD1180	DEAN KELAITA, MD
47. DATE mm/dd/yyyy		48. LICENSE NUMBER	
06/22/2009		E0	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
BARTON MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice	
104. COUNTY		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
EL DORADO		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		100. CITY	
2170 SOUTH AVENUE		SO. LAKE TAHOE	
107. CAUSE OF DEATH		106. DEATH REPORTED TO CORONER?	
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A) 1 DAY	
(A) PNEUMONIA		EM096027	
(B) NEUTROPENIC FEVER		(B) 1 WEEK	
(C) ADENOCARCINOMA OF PANCREAS		(C) 2 MTHS	
(D)		(D)	
110. BIOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
PARTIAL BOWEL OBSTRUCTION		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114.1. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		JEAN PETERS MAKRIS M.D.	
(A) 04/16/2003 (B) 06/18/2009		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
		JEAN PETERS MAKRIS M.D. 960 TAHOE KEYS BLVD, SOUTH LAKE TAHOE, CA 96150	
117. LICENSE NUMBER		118. DATE mm/dd/yyyy	
A77127		06/22/2009	
119.1. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. HOUR (24 Hours)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

BK 1112
PG-7456
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

* 000120819 *

06/30/2009

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Health Officer.

PHNCO (REV) 11/06

