

Doc Number: **0815875**

01/08/2013 03:18 PM

OFFICIAL RECORDS

Requested By  
**FRANCES SANCHEZ**

APN#: **1220-24-801-016**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 4      Fee: \$ 17.00  
Bk: 0113 Pg: 1818



Deputy sd

**Recording Requested By:**

Frances L. Sanchez

**When Recorded Mail To:**

✓ Frances L. Sanchez

1941 Palomino Lane

Gardnerville, NV 89410

**Mail Tax Statements to: (deeds only)**

Same as Above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of a person or persons. (Per NRS 440.380)

Signature

*Frances L. Sanchez*  
\_\_\_\_\_  
Frances L. Sanchez      Owner

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

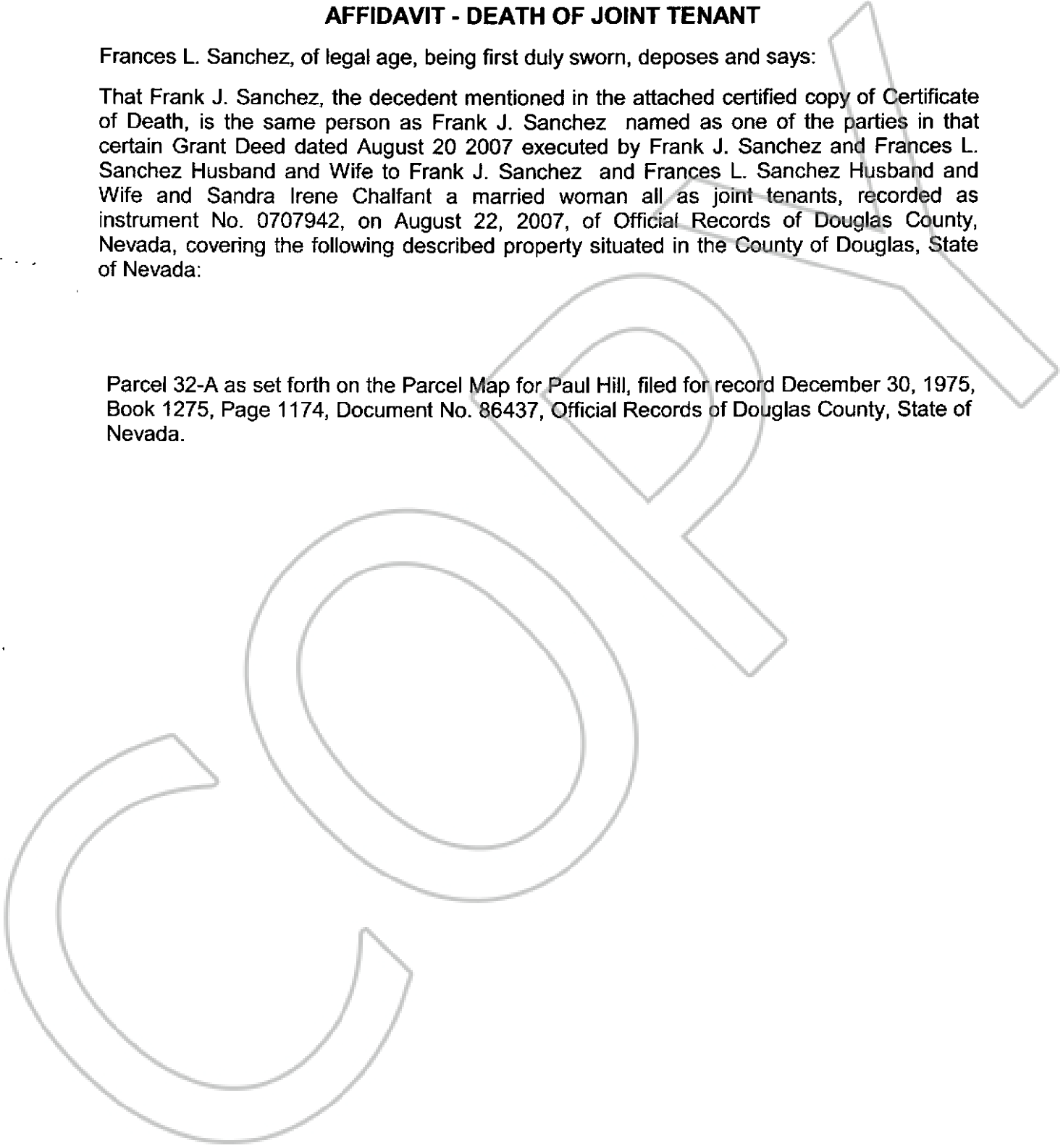
(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Frances L. Sanchez, of legal age, being first duly sworn, deposes and says:

That Frank J. Sanchez, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frank J. Sanchez named as one of the parties in that certain Grant Deed dated August 20 2007 executed by Frank J. Sanchez and Frances L. Sanchez Husband and Wife to Frank J. Sanchez and Frances L. Sanchez Husband and Wife and Sandra Irene Chalfant a married woman all as joint tenants, recorded as instrument No. 0707942, on August 22, 2007, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Parcel 32-A as set forth on the Parcel Map for Paul Hill, filed for record December 30, 1975, Book 1275, Page 1174, Document No. 86437, Official Records of Douglas County, State of Nevada.



Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ .

Dated 1-8-2013

*Frances L Sanchez*

Frances L. Sanchez  
Surviving Joint Tenant

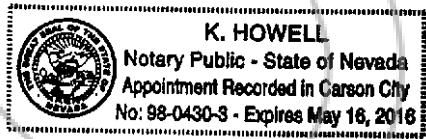
STATE OF NEVADA }SS  
COUNTY OF Carson City

This instrument was acknowledged before me on  
January 8, 2013.

by Frances L. Sanchez.

*[Signature]*

Notary Public



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

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

2012019755  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Frank J. SANCHEZ</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 06, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>1941 Palomino Lane</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE Hispanic (Specify) <b>Hispanic</b>		6. Hispanic Origin? Specify <b>Yes - Mexican</b>	
	7a. AGE-Last birthday (Years) <b>85</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 03, 1927</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>California</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>Frances BASS</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>9403</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Aircraft Warehouseman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft Industry</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>1941 Palomino Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ponciano SANCHEZ</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eulalia PEREZ</b>		18a. INFORMANT - NAME (Type or Print) <b>Frances SANCHEZ</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1941 Palomino Lane Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capital City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED <b>NITA SCHWARTZ M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>December 14, 2012</b>		21c. HOUR OF DEATH <b>04:00</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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>Nita Schwartz M.D. 710.W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 14, 2012</b>		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).)	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Metastatic Lymphoma</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Leukemia</b> DUE TO, OR AS A CONSEQUENCE OF: (d)		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC. SUICIDE, HOMICIDE, 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		28h. LOCATION		28i. STREET OR R.F.D. No.		
28j. CITY OR TOWN		28k. STATE		28l. STATE		

STATE REGISTRAR



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BK 0113  
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VRS-Rev-20120523a

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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:

12/14/2012

*R. Shore*  
SIGNATURE AUTHENTICATED

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

