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APN 1220-04-513-022

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Doc Number: **0817682**

02/05/2013 12:00 PM

OFFICIAL RECORDS

Requested By:  
**SMITH & HARMER**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4

Fee: \$ 17.00

Bk: 0213 Pg: 1079



Deputy: sb

FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

\_\_\_\_\_  
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of any person or persons as required by law. State specific law: NRS 440.380

*Julian C. Smith, Jr.*  
Signature

Julian C. Smith, Jr./Attorney

Print Name & Title

WHEN RECORDED MAIL TO:

Smith and Harmer, Ltd.

502 North Division Street

Carson City, NV 89703

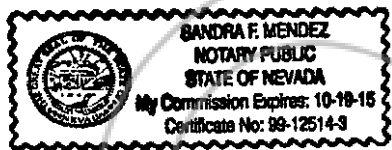


3. A certified copy of the Certificate of Death of the above-named decedent is attached hereto showing the date of death as December 11, 2012.

Clydie Ann Costa  
CLYDIE ANN COSTA

SUBSCRIBED and SWORN to before me this 31st day of January, 2013, by CLYDIE ANN COSTA.

Sandra J Mendez  
Notary Public  
(Seal)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012019712

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) Andrew Patrick COSTA JR		2 DATE OF DEATH (Mo/Day/Year) December 11, 2012		3a. COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Tahoe Pacific Hospital Meadows		3e. If Hosp or Inst. Indicate DOA, OPI, Emer. Rm Inpatient(Specify) Inpatient	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 80	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8 DATE OF BIRTH (Mo/Day/Yr) September 19, 1932	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Clydie WALTER		13 SOCIAL SECURITY NUMBER 1444	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Maintenance Supervisor		14b. KIND OF BUSINESS OR INDUSTRY School District		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1378 Kitty Hawk Avenue		16 FATHER/PARENT - NAME (First Middle Last Suffix) Andrew Patrick COSTA SR		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary BETTENCOURT	
18a. INFORMANT - NAME (Type or Print) Clydie Ann COSTA		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1378 Kittyhawk Ave Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503	
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 KIMBERLY COWEN MD					
21b. DATE SIGNED (Mo/Day/Yr) December 13, 2012		21c. HOUR OF DEATH 08:40		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) KIMBERLY COWEN MD 10101 Double R Blvd. Reno, NV				23b. LICENSE NUMBER 11950	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2012		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) Respiratory failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Renal failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Coronary artery (ischemic) disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26 AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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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BK 02 13 PG 1082 02/05/2013 12:00 PM

VRS-Rev-20120523a

000102845

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.

12/14/2012

DEPUTY REGISTRAR

Signature of Deputy Registrar

DATE ISSUED: FEB-00 (REV) 12/09

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

