

	Doc Number:
	02/05/2013 12:00 PM
	OFFICIAL RECORDS
·	Requested By: SMITH & HARMER
APN 1220-04-513-022	DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder
	Karen Ellison - Recorder
	1 06 4 Fee: \$ 17.00
APN	Page: 1079 8k: 0213 Pg: 1079
	Deputy: gb
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	FOR RECORDER'S USE ONLY
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AFFIDAVIT OF DEAT	H OF JOINT TENANT
TITI E O	F DOCUMENT
TITLE OF	BOCOMENT
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	the state of the same as white the relative submitted for
Li I, the undersigned, hereby aftern that the anached of	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 per	rson or persons as required by law. State specific
law: NRS 440.380	
	Julian C. Smith, Jr./Attorney
July July	
Signature	Print Name & Title
V	
WHEN RECORDED MAIL TO:	
<u> </u>	
Smith and Harmer, Ltd.	
	
/ /	
502 North Division Street	

Carson City, NV 89703

Doc Number: **0817682**

APN 1220-04-513-022

When Recorded, Mail To: Smith and Harmer, Ltd. 502 North Division Street Carson City, Nevada 89703

Grantee's Address:
Post Office Box 78
Gardnerville, Nevada 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
	: SS.
CARSON CITY	ì

- I, CLYDIE ANN COSTA, being first duly sworn, depose and say:
- 1. That I am fully informed as to the real property held by my husband ANDREW P. COSTA at his death.
- 2. That the joint tenancy in the referenced property was created by that certain Grant, Bargain and Sale Deed dated September 12, 1973, and recorded September 27, 1973, as File No. 69045, Book 973, Page 776, in the Official Records of Douglas County, Nevada; and the real property owned by ANDREW P. COSTA and CLYDIE ANN COSTA as joint tenants on the date of his death, December 11, 2012, is more particularly described as follows:

Lot 95, as shown on the "FINAL MAP OF CARSON VALLEY ESTATES NO. 5", filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 11, 1972.

This legal description was previously recorded on September 27, 1973, as File No. 69045 of the Official Records of Douglas County, Nevada.

///// ///// ///// 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

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

Sandha c Notary Public

(Seal)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH 2012019712

TYPE OR				**		STATE FILE NUMBE	<u>r</u> #400 114.		
PRINT IN	1a DECEASED NAME (FIRST MIDI			2	DATE OF DEATH (Mo/Da	y/Year) 3a, COUN	ITY OF DEATH """		
BLACK INK	Andrew Patrick		STA	JR ,	December 11, 2		Washoe		
tina ng AjM. Tangkan	36 CITY, TOWN, OR LOCATION OF	F DEATH 3c. HOSPITAL OR OTI and number)	HER INSTITUTION Nam	e(If not either, give s	treet 3e.if Hosp or Inst Inpatient(Specify)	indicate DOA, OP/Eme	r.Rm4 SEX		
DECEDENT	Reno	Taho	e Pacific Hospital i		inpade in opecity)	Inpatient	Male		
	5 RACE White (Specify)	6 Hispanic (Origin? Specify 7a	AGE-Last 71	UNDER 1 YEAR 7c. UN		OF BIRTH (Mo/Day/Yr)		
	(Opecity)	No - Non-H	ispanic / pirti	hday (Years) . 80	MOS DAYS HOUR	S MINS Sep	tember 19, 1932		
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	96 CITIZEN OF WHAT COU	JNTRY 10.EDUCATION	11. MARRIED, NEV	ER MARRIED, WIDOWEL	12. SURVIVING S	POUSE (if wife, give		
INSTITUTION	name country) California	United States		DIVORCED (Specify	Married .	maiden name)	Clydie WALTER		
RSEE HANDBOOK REGARDING	13 SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION	(Give Kind of Work Done	During Most	146 KIND OF BUSINESS	OR INDUSTRY	Ever in US Armed		
COMPLETION OF RESIDENCE	1444	of Working Life, Even If Retir	edMaintenance Sur	pervisor .	The second secon	District	Forces? No - 7		
ITEMS		/ / -1	CITY, TOWN OR LOCA	TION - 15d STI	REET AND NUMBER		15e. INSIDE CITY		
.	/ Nevada	Douglas	Gardnerville	1378	Kitty Hawk Avenue		or No) Yes		
PARENTS	16 FATHER/PARENT - NAME (First		1	17. MOTHER/PAR	RENT - NAME: (First Mide	1.7%			
	Andrew Patrick COSTA SR Mary BETTENCOURT								
	18a. INFORMANT- NAME (Type or F Clydie Ann		18b. MAILING ADDRES		No, City or Town, State,		A CALC		
. I		• ,••		13/8 Kittynai	wk Ave Gardnerville				
SPOSITION	19a BURIAL, CREMATION, REMOV	AL, OTHER (Specify) 136 CEME		Crematory	196	LOCATION City or T	No.		
	20a. FUNERAL DIRECTOR - SIGNA	TUDE (Or Dorson Astino Or al-	146			Reno Neva	da 89503		
		HOWE	DIRECTOR LICENS		AND ADDRESS OF FACI	uneral Home, Rer	ìò		
**.		E AUTHENTICATED A	1 dl = 1-	A SET LOST AND A SET A	· · · · · · · · · · · · · · · · · · ·	and St Reno NV 8			
RADE CALL	TRADE CALL - NAME AND ADDRESS	S V. Takara	11 GP 177 1 FE 17	37. 7	113 ".	· · · · · · · · · · · · · · · · · · ·	es i sub sec-		
	ਨੂੰ ਟੂ 21a. To the best of my knowle ਲੂ ਹੁੰ due to the cause(s) stated. (S	dge, death occurred at the time, o	iate and place and	22a. On the b	asis of examination and/o	r investigation, in my op	Inion -death occurred at		
	호 전 due to the cause(s) stated. (S	lignature & Title) SIGNATURE	AUTHENTICATED	및 년 the time, date	and place and due to the	cause(s) stated (Signa	ture & Title)		
CERTIFIER	21b. DATE SIGNED (Mo/Day	edge, death occurred at the time, cignature & Title) SIGNATURE MBERLY COWEN MD (Yr) 21c, HOUR OF DI	EATHY Size (New A)	22b DATE S	IGNED (Mo/Day/Yr)	22c HOUR OF	DEATH		
	ပ္ကို 🚆 December 13, 2012			8 8	Z: ≠wv.Å	7.			
	21d. NAME OF ATTENDING	PHYSICIAN IF OTHER THAN CE	RTIFIER	E 22d. PRONO	UNCED DEAD (Mo/Day/)	r) . 22e. PRONOUN	IÇED DEAD AT (Hour)		
	ட் (Type or Print)		10年 新 黄			- A 1			
₿ / I	23a. NAME AND ADDRESS OF CER	TIFIER (PHYSICIAN, ATTENDING	G PHYSICIAN, MEDICAL	EXAMINER, OR CO	RONER) (Type or Print)	23b, LICENS			
<u></u>	24a REGISTRAR (Signature)	KIMBERLY COWEN MD	TUTOT, Double R I	SIVO. Reno, NV	W DCOLOTOAD JG.	- DE 1711 DUE TO COL	11950		
REGISTRAR	The resolution (tolgitalists)	BRIDGES SANI SIGNATURE AUTHENTICA	240 (Mo	DayYr) Thorom	ST REGISTRAR 124	E DEATH DUE TO COM	MMUNICABLE DISEASE		
CALIEC OF	25 IMMEDIATE CAUSE (E	NITED ONLY ONE CAUSE DED.	INC POD (a) (b) AND	, A Pecell	ibei 14,2012.	<u>-</u> -			
CAUSE OF DEATH	PARTI Respiratory	failure	INE FOR (a), (b), AND (c	3)-1 200 C. M		1 Interval p	etween onset and death		
[(a) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONSEQUENCE OF:		F	<u></u>	11 7 7	A.' /		
CONDITIONS IF	Renal failure			تنور 📗 🐪		i interval b	etween onset and death		
ANY WHICH	(12)	CONSEQUENCE OF	<u> </u>			1 1-1			
IMMEDIATE CAUSE ->	Coronary ar	tery (ischemic) disea	ase 📜 👙 🐃	Art de la		interval b	etween onset and death		
STATING THE	(6)	CONSEQUENCE OF:				interval t	setween onset and death		
UNDERLYING CAUSE LAST	(0)								
///	PART II OTHER SIGNIFICANT COM	IDITIONS-Conditions contribution	to death but not resulting	g in the underlying ca	ause given in Part 1.	26 AUTOPSY	27. WAS CASE REFERRED		
/ 17 /						(Specify Yes or No)	TO CORONER (Specify Yes		
	28a. ACC , SUICIDE, HOM., UNDET . 28b	DATE OF INJURY (Mo/Day/Yr)	128¢ HOUR OF INJURY	28d, DESCRIBE HOW	W INJURY OCCURRED	1 140	or No No		
	OR PENDING INVEST. (Specify)	,		47.			e is it i		
	28e INJURY AT WORK (Specify 28	f PLACE OF INJURY- At home, f	arm, street, factory, office	28g. LOCATION	STREET OR R F D	No. CITY OR TOW	N STATE		
<u> </u>	Yes or No) bu	ilding, etc (Specify)				Wind Lake	,		
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02/05/2013 12:00 PM



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

Lough Plan MUDIPHMS

DEPUTY REGISTRAR SIGNATURE AUTHENTICATED" This copy not valid unless prepared on engraved bordet displaying date, seal and signature of Registrar.



DATE ISSUED: