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Doc Number: **0818711**

02/21/2013 02:27 PM

OFFICIAL RECORDS

Requested By  
COLLETTE R TEUSCHER

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00

Bk: 0213 Pg: 5753



Deputy sd

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT DOES NOT CONTAIN A  
SOCIAL SECURITY NUMBER.

APN: 1318-23-810-042

WHEN RECORDED MAIL TO:

~~Kenneth Stead~~ A+ Paralegals Inc  
~~P.O. Box 2824~~ 312 W 4<sup>th</sup> Street  
~~STATELINE, NEVADA 89449~~ Carson City, NV 89703

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

## AFFIDAVIT OF DEATH OF JOINT TENANT

KENNETH E. STEAD being first duly sworn, deposes and says:

1. Jeanie Stead, died on February 8<sup>th</sup>, 2013, and a certified copy of her Death Certificate is attached hereto.
2. That at the date of death, the said Jeanie Stead was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:  

Lots 34 and 35 Block B as shown on the official map of KINGSBURY MEADOWS SUBDIVISION, recorded in the office of the County Recorder on July 5, 1955, in Book 1 of Maps as Document No. 10542.
3. That said joint tenancy was created by a Deed dated September 7, 2011, recorded on the same day as Doc. No. 0789184, in the Douglas County Recorder's Office.
4. That upon the death of Jeanie Stead, the Affiant became the sole owner of the above described property as his sole and separate property.

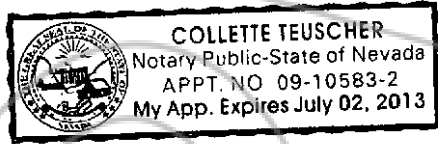
  
\_\_\_\_\_  
Signature, KENNETH E. STEAD

-LOOSE CERTIFICATE ATTACHED-

State of Nevada )  
 ) ss  
CARSON CITY )

Subscribed and Sworn to me on February 19, 2013, by KENNETH E. STEAD who personally appeared before me, a Notary Public, and executed the above document.

*Collette Teuscher*  
NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH  
OF JOINT TENANT  
DATED February 19, 2013



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

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

**CERTIFICATE OF DEATH**

**2013002272**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Irma Jeanie W STEAD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 08, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Stateline</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>164 Meadow Lane</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>79</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Kenneth E STEAD</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 06, 1934</b>	
13. SOCIAL SECURITY NUMBER <b>0519</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Casino Worker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gaming</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Stateline</b>	
15d. STREET AND NUMBER <b>164 Meadow Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		4. SEX <b>Female</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph Herbert WYANT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary SMITH</b>		
18a. INFORMANT - NAME (Type or Print) <b>Kenneth E STEAD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 2824 Stateline, Nevada 89449</b>			
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 89705</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capital City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
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>STEVEN LAURENCE BROOKS M.D.</b> SIGNATURE AUTHENTICATED			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>February 12, 2013</b>		21c. HOUR OF DEATH <b>03:20</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>Steven Laurence Brooks M.D. PO Box 5637 Stateline, NV 89449</b>			
23b. LICENSE NUMBER <b>5124</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 13, 2013</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).)					
PART I: (a) <b>Pancreatic Cancer</b>				Interval between onset and death <b>1 Year</b>	
(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) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
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	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

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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:

02/15/2013

STATE REGISTRAR  
*R. J. Whelan*  
SIGNATURE AUTHENTICATED

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

