

DOC # 819664
03/11/2013 09:16AM Deputy: AR
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-313 PG-2188 RPTT: 0.00

APN: 1313-22-002-074
ORDER NO.: DO-1099589-TO



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

A handwritten signature in black ink, appearing to read "Tammy L. May", written over a horizontal line.

Print Name/Title: Tammy L. May, Title Officer

WHEN RECORDED MAIL TO:

Kristjan Sigurdsson
3500 E. Lincoln Drive
Phoenix, AZ 85018

RECORDING REQUESTED BY
Old Republic Title Company
ORDER # 2132007815-
APN 1313-22-002-074

BK 313
PG-2189
819664 Page: 2 of 4 03/11/2013

WHEN RECORDED MAIL TO
Name Kristjan Sigurdsson
Street Address 3500 E. Lincoln Drive
City Phoenix, AZ 85018
State
Zip

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ ^{Arizona}

COUNTY OF ~~Douglas~~ ^{Maricopa}

Svanhildur S. Kristjansson, of legal age, being first duly sworn, deposes and says:
That Sigurdur V. Kristjansson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sigurdur V. Kristjansson named as one of the parties in that certain Quitclaim Deed dated January 26, 2004, executed by Sigurdur V. Kristjansson to Sigurdur V. Kristjansson and Svanhildur S. Kristjansson as joint tenants, and recorded on January 26, 2004, in Book/Reel 104, at Page/Image 8225, Series Number 602836 of Official Records of Douglas County, California, covering the following described property situated in said County, State of California:

*** See "Exhibit A" attached hereto and made a part hereof ***

Svanhildur S. Kristjansson
Svanhildur S. Kristjansson

Subscribed and sworn to (or affirmed) before me on this 26th day of February, 2013, by Svanhildur S. Kristjansson
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature
Name

Juan Chioye
Juan Chioye
(typed or printed)



JUAN CHIOYE
Notary Public - Arizona
Maricopa County
Expires on 04/15/2014

(Area reserved for official notarial seal)



EXHIBIT A

**Parcel C as set forth on Parcel Map filed for record July 17, 1975
In book 775, page 526, document number 81680 Official records
Of Douglas County, State of Nevada of Lot 28, Block 2, Oliver
Park Subdivision, as shown on the Official Map recorded
February 2, 1959 Document number 14034, Official Records
Of Douglas County, State of Nevada**

**Together with an undivided $\frac{1}{4}$ interest in the common area set
Forth upon said Parcel Map filed for record July 17, 1975 in
Book 775, Page 526 Document no 71680 Official Records of
Douglas County, State of Nevada.**



CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2012-027020

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) SIGURDUR V KRISTJANSSON		2. AKA'S (IF ANY)		3. DATE OF DEATH JULY 13, 2012	
4. SEX MALE	5. SOCIAL SECURITY NUMBER ██████-7314	6. DATE OF BIRTH 05-28-1946	7. AGE 66	8. UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 7233 E MANZANITA DR			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH SCOTTSDALE 85258		16. COUNTY OF DEATH: MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) REYKJAVIK, ICELAND		18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) SVANHILDUR SVAVARSDOTTIR	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 7233 E MANZANITA DR,		21. CITY AND COUNTY: SCOTTSDALE, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85258
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		28. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
26. OCCUPATION: PILOT		29. FATHER'S NAME (FIRST, MIDDLE, LAST) KRISTJAN JONSSON		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) UNNUR SIGURDARDOTTIR	
31. INFORMANT'S NAME KRISTJAN SIGURDSSON		32. RELATIONSHIP SON		33. INFORMANT'S MAILING ADDRESS: 3500 E LINCOLN DR , PHOENIX, ARIZONA 85018	
34. NAME AND ADDRESS OF FUNERAL FACILITY: WHITNEY & MURPHY FUNERAL HOME 4800 E. INDIAN SCHOOL ROAD PHOENIX, AZ		35. FUNERAL DIRECTOR: BARBARA L MCGRATH , FUNERAL DIRECTOR		36. LICENSE NUMBER: F1126	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: DECA CREMATORY, PHOENIX, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
40. A IMMEDIATE CAUSE OF DEATH METASTATIC MELANOMA STAGE IV	41. APPROXIMATE INTERVAL: UNKNOWN				
42. B DUE TO OR AS A CONSEQUENCE OF:	43. APPROXIMATE INTERVAL:				
44. C DUE TO OR AS A CONSEQUENCE OF:	45. APPROXIMATE INTERVAL:				
46. D DUE TO OR AS A CONSEQUENCE OF:	47. APPROXIMATE INTERVAL:				
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:		49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 1515
		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: PATRICK B. GAYLOR, D.O.		56. DATE CERTIFIED: 07-17-2012	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.		57. CERTIFIER'S ADDRESS: 10900 N SCOTTSDALE RD SCOTTSDALE, AZ 85254		58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ	
				59. DATE REGISTERED 07-20-2012	

Date Issued: 07-20-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

819664

