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Doc Number: **0820876**

03/29/2013 11:31 AM

OFFICIAL RECORDS

Requested By
ROWE HALES YTURBIDE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00
Bk: 0313 Pg: 7900



Deputy: sd

APN: 29-321-12

When Recorded Mail To:

✓ ROWE HALES YTURBIDE, LLP
Jennifer Yturbide, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Brian Allen Smith
1153 Lyell Way
Yosemite, CA 95389

**DEATH OF GRANTOR AFFIDAVIT
(Death of Joint Tenant)**

Brian Allen Smith, court appointed Personal Representative of the Estate of Harold Ralph Smith Case No. 13-PB-0001, In the Ninth Judicial District Court of the State of Nevada in and for the County of Douglas, Letters Testamentary having been recorded as Document No.0817298 on January 30, 2013, being duly sworn, deposes and says that Betty Joyce Smith, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Betty J. Smith, named as the grantee in the deed recorded on February 26, 1993, in book 293, at page 4661, instrument number 300589, records of Douglas County, Nevada, covering the following described property:

Lot 303, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974 as Document No. 72456

Per NRS 111.312, this legal description was previously recorded at Document No. 300589, Book No. 293, Page 4664, on February 26, 1993.

Pursuant to NRS 239B.030(4), I affirm that this instrument does contain a social

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010019554

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) Betty Joyce SMITH			2. DATE OF DEATH (Mo/Day/Year) December 21, 2010			3a. COUNTY OF DEATH Douglas											
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Evergreen Healthcare			3e. If Hosp. or Inst. indicate DDA, OP/Emer. Rm. Inpatient(Specify) Nursing Home			4. SEX Female								
5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 86			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) June 11, 1924		
9a. STATE OF BIRTH (If not U.S.A., name country) Michigan			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) Harold SMITH					
13. SOCIAL SECURITY NUMBER 4763			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker			14b. KIND OF BUSINESS OR INDUSTRY Own Home			Ever in US Armed Forces? No								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 617 Kelly Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) William Henry HENDERSON						17. MOTHER - NAME (First Middle Last Suffix) Dorothy Winifred BARNES											
18a. INFORMANT - NAME (Type or Print) Harold SMITH						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 617 Kelly Court Gardnerville, Nevada 89460											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park			19c. LOCATION City or Town State Minden Nevada 89423											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL			20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley .1281 N Loop, Carson City, NV . 89708											
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) SIGNATURE AUTHENTICATED LAURENCE GEORGE GAY M.D.						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) December 23, 2010						21c. HOUR OF DEATH 04:25											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) Laurence George Gay M.D. PO Box 19936 Reno, NV. 895110871									23b. LICENSE NUMBER 5152								
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 27, 2010			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).)									Interval between onset and death								
PART I (a) Respiratory Failure									Interval between onset and death								
(b) Systolic Congestive Heart Failure									Interval between onset and death								
(c) Hypertension									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 I. Chronic Kidney Disease Stage IV									26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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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VRS-Rev-20100219

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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: 12/30/2010

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

