

RECORDING REQUESTED BY

Doc Number: **0821395**

04/09/2013 03:45 PM

AND WHEN RECORDED MAIL THIS DEED TO:

OFFICIAL RECORDS

Requested By
JOYCELYN FURTADO

NAME Joycelyn Peggy Furtado
STREET ADDRESS 1416 Marlette Circle, No.
CITY, STATE & ZIP CODE GARDNERVILLE, NV 89460

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 0413 Pg: 2483



Deputy gb

TITLE ORDER NO. _____ ESCROW NO. _____
APN 1220-09-810-058

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada
COUNTY OF Douglas

Joycelyn Peggy Furtado, of legal age, being first duly sworn, deposes and says:
That George C. Diaz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE C. DIAZ named as one of the parties in that certain Deed dated August 12, 2005, executed by ANTHONY L. VILLASENOR & LILIA B. VILLASENOR to Joycelyn Peggy Furtado & ~~Joycelyn~~ GEORGE C. DIAZ as joint tenants, recorded as Instrument No. 0656058, on 9/27/2005, in Book 0905, Page 1 of 2, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of Gardnerville, County of Douglas, State of NV:

See Attached: Schedule A

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 98,890.00.

Dated April 9, 2013.

Joycelyn Peggy Furtado
(SIGNATURE OF JOINT TENANT)

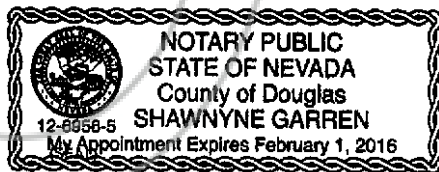
Joycelyn Peggy Furtado
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

(SIGNATURE OF JOINT TENANT)

(TYPE OR PRINT FULL NAME OF JOINT TENANT)

State of Nevada
County of Douglas
SUBSCRIBED AND SWORN TO BEFORE ME
this 9th day of April, 2013.

by: Joycelyn Peggy Furtado
Shawayne Garren



MAIL TAX STATEMENT TO: Same as Above

WOLCOTT'S FORM 300 - Rev. 8-94
AFFIDAVIT - DEATH OF JOINT TENANT
(price class 3A)
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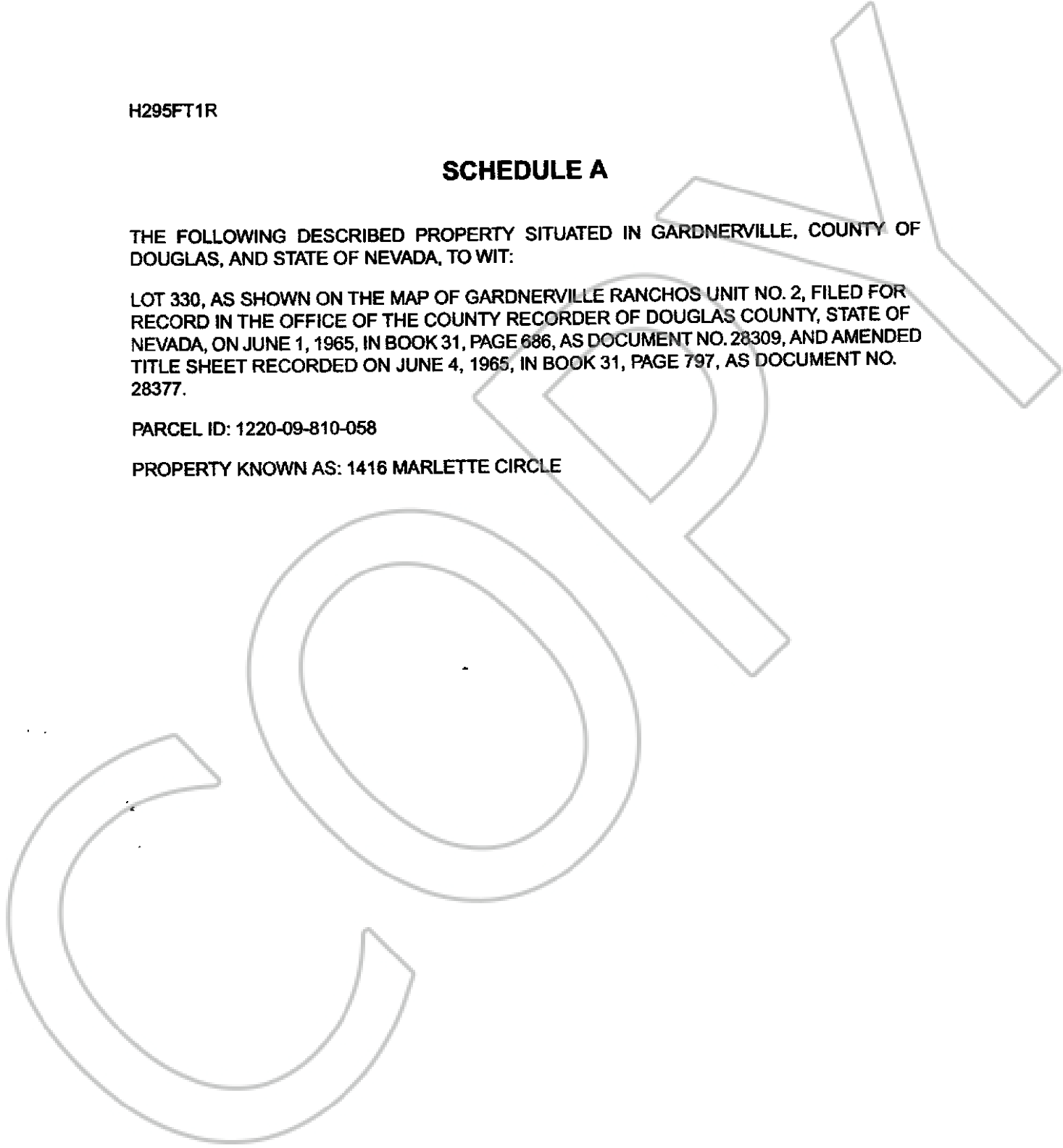
SCHEDULE A

THE FOLLOWING DESCRIBED PROPERTY SITUATED IN GARDNERVILLE, COUNTY OF DOUGLAS, AND STATE OF NEVADA, TO WIT:

LOT 330, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1965, IN BOOK 31, PAGE 686, AS DOCUMENT NO. 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 4, 1965, IN BOOK 31, PAGE 797, AS DOCUMENT NO. 28377.

PARCEL ID: 1220-09-810-058

PROPERTY KNOWN AS: 1416 MARLETTE CIRCLE



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013000447
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) George C DIAZ		2. DATE OF DEATH (Mo/Day/Year) January 02, 2013		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) 1416 Mariette Circle		3e. If Hosp. or Inst. indicate DOA,OP,Emr. Rm. (inpatient)(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE Native American (Specify)		8. Hispanic Origin? Specify Yes - Mexican		8. DATE OF BIRTH (Mo/Day/Yr) November 03, 1945	
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) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER 9141		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Machinist		14b. KIND OF BUSINESS OR INDUSTRY Metal Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1416 Mariette Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Aurelio SOLIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria Diaz CARRASCO		
18a. INFORMANT- NAME (Type or Print) Joycelyn FURTADO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1416 Mariette Circle Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
21. 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) SUE LINDA ONKEN SANCHEZ M.D. 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) January 09, 2013		21c. HOUR OF DEATH 19:20		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) Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 9360	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 16, 2013		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) Sepsis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Cellulitis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Diabetes Mellitus				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) Yes	
28a. ACC., SUICIDE, HON., 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

0821395 Page : 3 of 3

BK : 04 13
PG : 2485
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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:

01/23/2013

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

STATE REGISTRAR
Rod Whitt
SIGNATURE AUTHENTICATED

VR8-Rev-20120523a

