

DOC # 825285
06/13/2013 09:22AM Deputy: AR
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-613 PG-3130 RPTT: 0.00

APN: 1220-22-110-055
ORDER NO.: Accom



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF A 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 'T Waller', written over a horizontal line.

Print Name/Title: Tamara Waller/Title Officer

WHEN RECORDED MAIL TO:

Sandra S. Gray
1447 James Rd.
Gardnerville, NV 89460



A.P.N.: 1220-22-110-055
Escrow No.:

RECORDING REQUESTED BY

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Sandra S. Gray
1447 James Rd.
Gardnerville, NV 89460

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

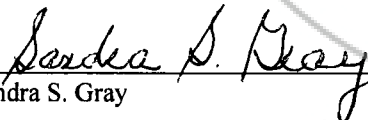
Sandra S. Gray, of legal age, being duly sworn, deposes and says:

That F. Vernon Gray, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Fay Vernon Gray named as one of the parties in that certain Grant Bargain and Sale Deed dated August 14, 1996, executed by Robert E. Truesdale and Martha A. Truesdale, husband and wife to F. Vernon Gray and Sandra S. Gray, husband and wife as joint tenants, recorded as Instrument No. 396558, on September 17, 1996, in Book 0996, Page 2450, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 119, as shown on the official map of Gardnerville Ranchos Unit No. 5, filed for record on November 4, 1970 in the office of the County Recorder of Douglas County, Nevada, as Document No. 50056.

Dated: June 14, 2013



Sandra S. Gray

This document is recorded as an ACCOMMODATION ONLY and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

Type or print names under signatures



This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF Nevada)

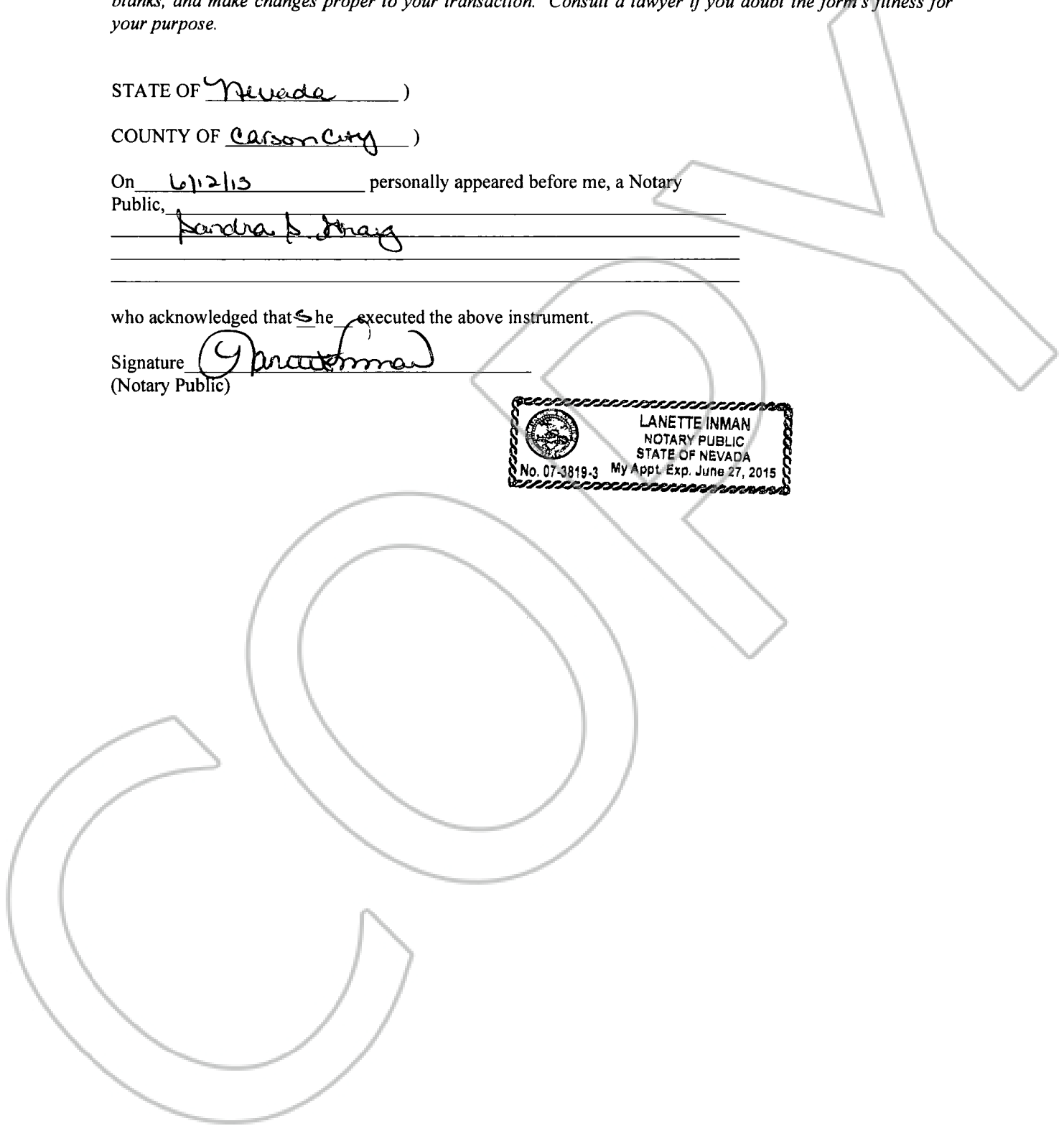
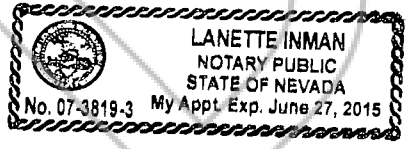
COUNTY OF Carson City)

On 6/12/13 personally appeared before me, a Notary Public,

Barbara B. Gray

who acknowledged that she executed the above instrument.

Signature [Signature]
(Notary Public)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013001626

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Fay Vernon GRAY		2. DATE OF DEATH (Mo/Day/Year) January 30, 2013	3a. COUNTY OF DEATH Douglas
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IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville	3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center	3d. Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Inpatient	4. SEX Male
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5. RACE (Specify) White	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 75	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 20, 1937
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9a. STATE OF BIRTH (if not U.S.A., name country) Indiana	9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 13	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Sandra STROUD
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13. SOCIAL SECURITY NUMBER 9163	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) General Foreman	14b. KIND OF BUSINESS OR INDUSTRY U. S. Government	Ever in US Armed Forces? No
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15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1447 James Road	15e. INSIDE CITY LIMITS (Specify Yes or No) No
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PARENTS

18. FATHER/PARENT - NAME (First Middle Last Suffix) Harry GRAY	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lula GIBSON
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18a. INFORMANT- NAME (Type or Print) Sandra S GRAY	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1447 James Road Gardnerville, Nevada 89460
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DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory	19c. LOCATION City or Town State Carson City Nevada 89706
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20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER	20b. FUNERAL DIRECTOR LICENSE 823	20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1914 N Cury Street Carson City NV 89703
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TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN	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 KIM SOON	To Be Completed by CORONER'S OFFICE	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 31, 2013		21c. HOUR OF DEATH 18:20	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
	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) MD KIM SOON 1516 Virginia Ranch Road Gardnerville, NV 89410		23b. LICENSE NUMBER 10696		

REGISTRAR

24a. REGISTRAR (Signature) NICOLE SHORE	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2013	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between onset and death
PART I	
(a) Hepatocellular Carcinoma	6 Months
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b) Acute Renal Failure	3 Days
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)	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. Atherosclerotic Coronary Artery Disease	26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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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
28a. 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



BK 613
PG-3133

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VRS-Rev-20120523a

468966

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:

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

STATE REGISTRAR
Rod White

