

DOC # 826963
07/12/2013 11:41AM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-713 PG-2634 RPTT: 0.00

APN#: 1420-28-811-039

Recording Requested By:
Western Title Company

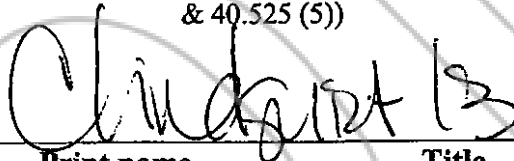
When Recorded Mail To:
Judith M. Manlove
825 7th Street
Boulder City, NV 89005

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Print name

Title

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



AFFIDAVIT - DEATH OF JOINT TENANT

Judith M. Manlove, of legal age, being first duly sworn, deposes and says:

That Charles N. Manlove, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles N. Manlove named as one of the parties in that certain Grant, Bargain and Sale Deed dated 1/30/1995 executed by to Charles N. Manlove and Judith M. Manlove, husband and wife as joint tenants, recorded as instrument No.355489 , on 2/2/1995 , 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 situate in the County of Douglas, State of Nevada, described as follows:

Lot 11, of SARATOGA HEIGHTS UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 15, 1961, as Document No. 17827.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$0.00.

Dated 7.10.13



Judith M Manlove
Judith M. Manlove
Surviving Joint Tenant

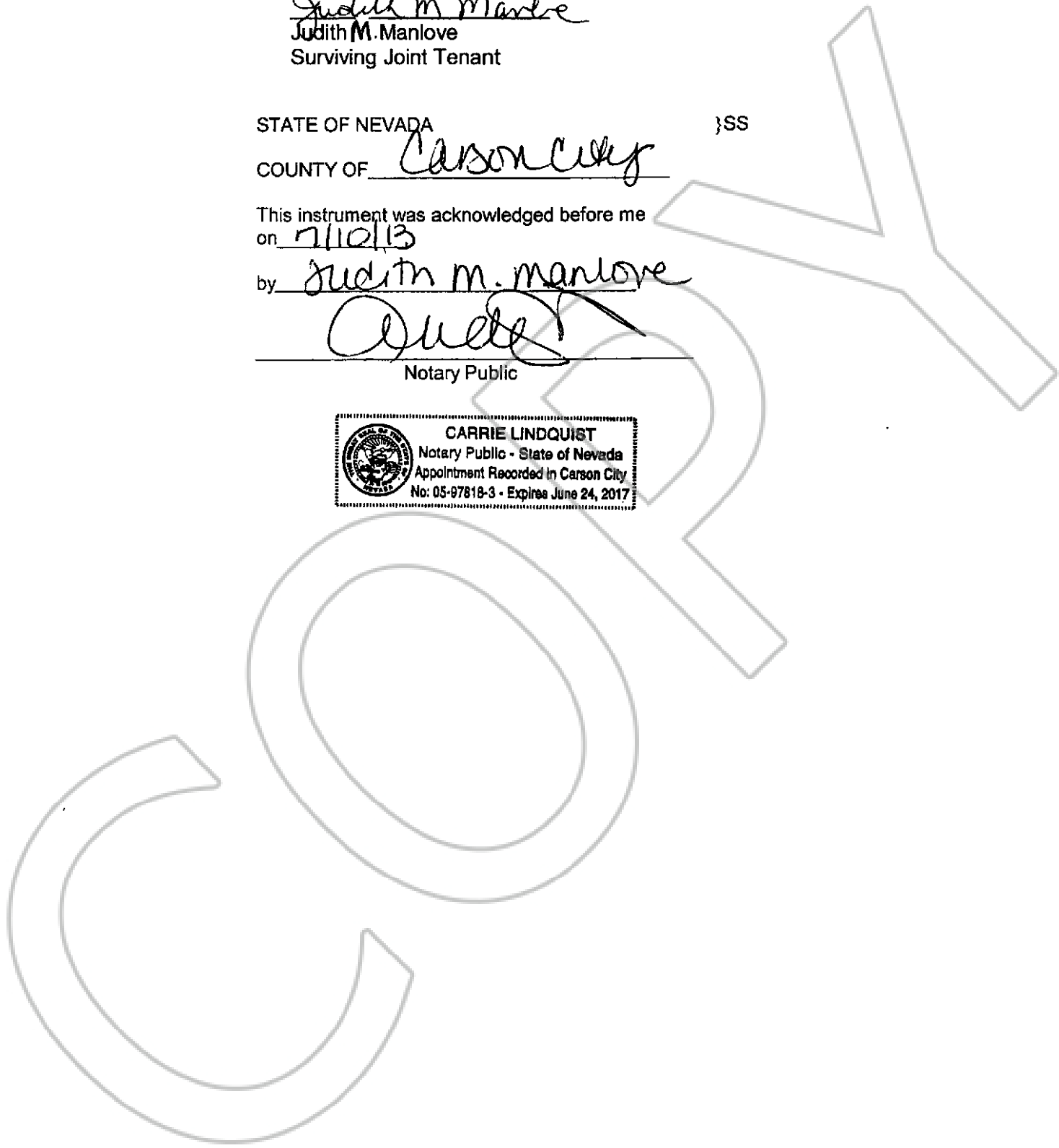
STATE OF NEVADA }SS

COUNTY OF Carson City

This instrument was acknowledged before me
on 7/10/13

by Judith M. Manlove

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER
2013002489

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Charles Nathan MANLOVE			2. DATE OF DEATH (Mo/Day/Year) February 11, 2013		3a. COUNTY OF DEATH Douglas				
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1338 Stephanie Way		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home		4. SEX Male			
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 61		7b. UNDER 1 YEAR (7c. UNDER 1 DAY) MOS DAYS HOURS MINS.			
	8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1951		9a. STATE OF BIRTH (if not U.S.A., name country) New Mexico		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Judith Marie GREWE		13. SOCIAL SECURITY NUMBER [REDACTED] 2367		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Lineman			
	14b. KIND OF BUSINESS OR INDUSTRY Electric Company		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden			
PARENTS	15d. STREET AND NUMBER 1338 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles N MANLOVE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ima Geneva JEFFUS		
	18a. INFORMANT - NAME (Type or Print) Judith MANLOVE			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1338 Stephanie Way Minden, Nevada 89423						
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town State Sparks Nevada 89431					
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701					
TRADE CALL	TRADE CALL - NAME AND ADDRESS									
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JEFFREY WOODROW SANDERS 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) February 13, 2013		21c. HOUR OF DEATH 12:00			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
REGISTRAR	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) Jeffrey Woodrow Sanders, M.D. 1001 N Mountain St #1E Carson City, NV 89703					23b. LICENSE NUMBER 9437				
CAUSE OF DEATH	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 19, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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).) PART I (a) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension, Obesity, Sleep Apnea							Interval between onset and death Months		
	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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
3698608	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 REGISTRAR



BK 713
PG-2637

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VR5-Rev-20120523a

469537

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:

02/20/2013

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

