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Doc Number: **0827750**

07/24/2013 01:57 PM

OFFICIAL RECORDS

Requested By
SUSAN ROALDSON

APN: 1220-04-112-009

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

WHEN RECORDED MAIL TO:
Susan M. Roaldson
1662 Zaldia Drive
Minden, NV 89423

Page: 1 of 3 Fee: \$ 16.00
Bk: 0713 Pg: 6198 RPTT # 5



Deputy: sg

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA)
 :
 : ss
COUNTY OF DOUGLAS)

SUSAN M. ROALDSON, being duly sworn, deposes and says that SHIRLEY ANN HUARD, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as SHIRLEY A. HUARD, named as the grantor or as one of the grantors in the deed upon death recorded on July 19, 2005, as Document No. 0649953, Book 0705, page 8555, records of Douglas County, Nevada, covering the real property commonly known as 1249 Knights Lane, city of Gardnerville, county of Douglas, state of Nevada, and more particularly described as:

Lot 34, as shown on the Map of KINGSLANE UNIT NO. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on December 20, 1971, as Document No. 55958.

Per NRS 111.312, this legal description was previously recorded at Document No. 0649953, Book 0705, page 8555, on July 19, 2005.

SUSAN M. ROALDSON is one of the beneficiaries to whom the real property is conveyed upon the death of the grantor, SHIRLEY ANN HUARD. The beneficiaries listed in the deed upon death are

SUSAN M. ROALDSON, a married woman and DANIEL F. HUARD, a married man, as tenants in common.

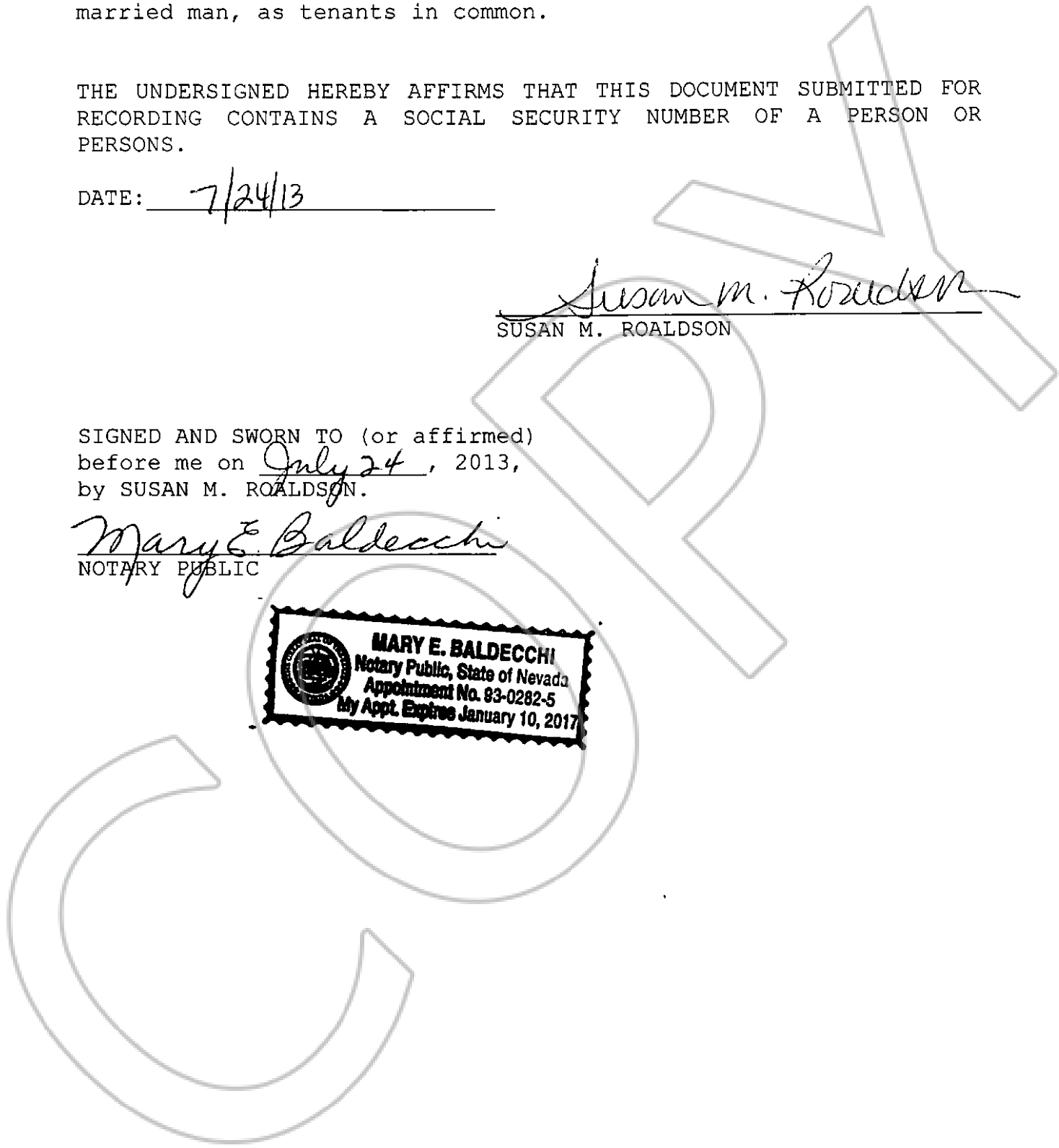
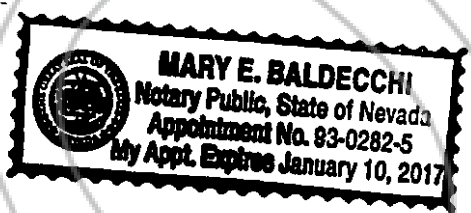
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

DATE: 7/24/13

Susan M. Roaldson
SUSAN M. ROALDSON

SIGNED AND SWORN TO (or affirmed)
before me on July 24, 2013,
by SUSAN M. ROALDSON.

Mary E. Baldecchi
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013011291
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) Shirley Ann HUARD		2. DATE OF DEATH (Mo/Day/Year) June 29, 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) 1249 Knights Lane		3e. If Hosp or Inst. Indicate DOA,OP,Emer. Rm. (inpatient)(Specify) Home	
4. SEX Female		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 75		7b UNDER 1 YEAR MOS 75		7c UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 11, 1938		9a. STATE OF BIRTH (If not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13 SOCIAL SECURITY NUMBER 6677		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Real Estate Agent		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1249 Knights Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Gene GALBO	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alberta VISCO		18a INFORMANT- NAME (Type or Print) Susan ROALDSON		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1662 Zaldia Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Garden Cemetery		19c. LOCATION City or Town State Gardnerville Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitz Henry's Carson Valley Funeral Home 1980 Highway 385 N Gardnerville NV 89410	
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 MARK THOMAS BRUNE M.D.					
21b. DATE SIGNED (Mo/Day/Yr) July 03, 2013		21c. HOUR OF DEATH 16:03		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mark Thomas Brune M.D., 1701 County Road #H-Minden, NV, 89423		23b. LICENSE NUMBER 7134		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 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))	
PART I (a) Natural		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
(b) Heat Exhaustion		Interval between onset and death		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(c) Dyslipidemia		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)	
(d) 		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I		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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BK 0713
PG 6200
7/24/2013

VRS-Rev-20120523a

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: 07/12/2013

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

