		t	Ooc Number: 0831891
	APN: 1320-33-310-023	R	10/10/2013 11:51 AM FFICIAL RECORDS equested By. COTT ALAN SMITH
	Grantee (surviving joint tenant): Scott Alan Smith 1256 Esther Way Minden, NV 89423	P: BI	OUGLAS COUNTY RECORDERS aren Ellison - Recorder age: 1 Of 4 Fee: \$ 17.00
√	When recorded return to: Scott Alan Smith 12.56 Esther Way Minden, NV 89423		Deputy pk
	THE UNDERSIGNED AFFIRMS THAT THIS DOCUMENT CONTAINS A SOCIAL SECURITY NUMBER DUE TO THE REQUIREMENTS OF NRS 44	0.380.	
		DEATH OF JOINT TENAM RS 111.365)	т
	STATE OF NEVADA	\	
	COUNTY OF Douglas	SS	
	I, Scott Alan Smith perjury, depose and say:	, being first duly	sworn under penalty of
	1. That I am the <u>(state reladecedent)</u> , and his/her surviving joint to Official Records of <u>Douglas</u> Coas Document No. <u>407452</u> , Book <u>3</u> 5	enant pursuant to an insounty. Nevada, on	int tenant) of (name of the trument recorded in the uly 31, 2003,
	2. <u>Collette Denhey</u> A certified copy of his/her certificate of de	died on August eath is attached to this affi	<u>\$</u> , 20 <u>13</u> . davit.
	3. The real property owned as joint tenants on the date of his/her dea	by <u>Collette</u> <u>Denn</u> ath, consists of the following	ng:/ and me
į.	(insert I	egal description)	
١	WITNESSETH my hand this	O day of Octob	<u>o</u> , 20 <u>13</u>
	(h) ba	name of Affiant)	
		Scott Smith	

526-6

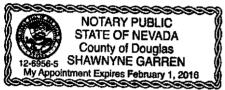
2010



BK : 10 13 PG , 2 192 10/10/20 13

State of Nevada)
)
County of Douglas)

Signed and sworn to before me this _____/O ___ day of October, 2013, by Scott Alan Smith___.



Motary Public Larren

This notary is attached to Affidavit of Death of Joint Tenant - Scott Alan Smith



083 183 1 Page: 3 of 4

BK : 10 13 PG : 2 193 10/10/20 13

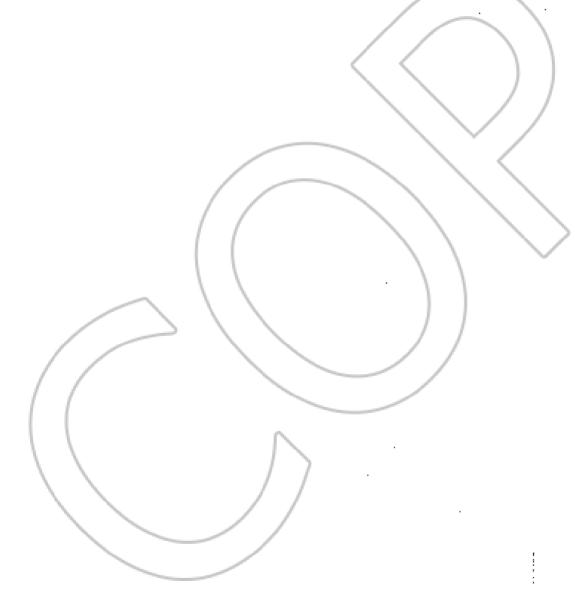
EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 030801607

Lot 22, Block O, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records.

Assessors Parcel No. 1320-33-310-023



0584948 BK0703PG16171

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH **VITAL STATISTICS**

_; .			CERTIFICATE	OF DEATH	. "		3013266
XX N [¹	1a DECEASED-NAME (FIRST,M	DOLE LAST SUFFIX	· · · · · · · · · · · · · · · · · · ·		2. DATE OF DEATH (IS COUNTY OF DEATH
ENT (Collette G		DENNEY		August 05		Carson City
rx :	3b CITY, TOWN, OR LOCATION	OF DEATH 30 HOS	PITAL OR OTHER INSTITUTION	Name(If not either, give	e street 3e.if Hosp.	or Inst. indicate DO	A,OP/Emer, Rm. 4 SEX
ENT	Carson City	and numi	^{ber)} Evergreen Mountain View	v Health & Rehab (inpatient(Sp	eafy) Nursing H	ome Fema
	5. RACE White		6. Hispanic Ongin? Specify	7a AGE-Lest	7b. UNDER 1 YEAR	C. UNDER 1 DAY	8 DATE OF BIRTH (Mo/Day/)
: ((Specify)		No - Non-Hispanic	birthday (Years) 87	MOS DAYS	HOURS MINS	November 25, 1925
	9a STATE OF BIRTH (If not U.S.A		OF WHAT COUNTRY 10 EDUCA	TION 11. MARRIED, NE	VER MARRIED, WID		RVIVING SPOUSE (if wife, give
N L	name country) Washington	r	ted States 12				name) .
G	13. SOCIAL SECURITY NUMBER -8264	of Working Life	OCCUPATION (Give Kind of Worlder, Even if Retired)	1 7	14b. KIND OF BUS		Forces? No
OF E. 1		5b. COUNTY	15c CITY, TOWN OR	maker	. STREET AND NUMBE	Own Home	15e INSIDE CITY.
٠	Nevada	Douglas	Gardne	-	6 Campbell Cour		LIMITS (Specify Ye or No) Yes
	16 FATHER/PARENT - NAME (F.				ARENT - NAME (Firs		
ITS	• •	lfred Leslie ME		71 - 1	Here a	VAN STEE	The Third The Th
1	18a, INFORMANT- NAME (Type o		18b MAILING AC	DRESS (Street or R.			
::. .		n SMITH 🕜			sther Way Minde	-111	
ION	19a BURIAL, CREMATION, REMI Crematio		ly) 196. CEMETERY OR CREM	ATORY - NAME henry's Crematory	1777	_	City or Town State
}	20a FUNERAL DIRECTOR - SIGN	و ساوحهٔ د د	AND THE PROPERTY OF THE PARTY O	14 N. N. J. 1 (152. 11	E AND ADDRESS OF		n City Nevada 89701
		SMOLENSKI	DIRECTOR L			HAÇILIIY heritys Funera	il Home
L		RE AUTHENTICAT	TED 2	按	The state of the s	ew Dr.⊹Carson (** * * * * * * * * * * * * * * * * * * *
ԱԼ	TRADE CALL - NAME AND ADDR		1, 1	TV 3	1-5-1 341 A		
	ਲੂ ਨੂੰ due to the cause(s) stated.	wiedge, deeth occurre (Signature & Title) RGE SANTIBA	d at the time, date and place and SIGNATURE AUTHENTICAT	TED Q the time, do			n, in my opinion death occurre ited. (Signature & Title)": "
IER	21b. DATE SIGNED (Mo/D	ay/Yr) . 21c	HOUR OF DEATH	22b. DATE	SIGNED (Mo/Day/Yr)	220.	HOUR OF DEATH
	O 2 August 12, 2013	37 - 362.44	20:45				an an an <u>an an</u>
	OD 분 21d. NAME OF ATTENDIN 유럽 (Type or Print)	G PHYSICIAN IF OTH	HER THAN CERTIFIER	22d. PRO	NOUNCED DEAD (Mg	(Day/Yr) 22e	PRONOUNCED DEAD AT (Ho.
:: 2	23a NAME AND ADDRESS OF C	ERTIFIER (PHYSICIA	N. ATTENDING PHYSICIAN IN	EDICAL EVALUINED OR	CORONER) (Time of	Boots St. 12	36 LICENSE NUMBER
- [Jorg	e Santibanez M.	D. 1600 Medical Parkw	ay Carson City, NV	/ 89703	2	13739
RAR	24a REGISTRAR (Signature)	BLANCA	GALEANO	245 DATE RECEIVE	D BY REGISTRAR	24c DEATH D	UE TO COMMUNICABLE DISE
			UTHENTICATED		gust 14, 2013	· YES	NO X
OF	25 IMMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LINE FOR (a), (b),	AND (c))	\$ 50 M	:	. Interval between onset and de
H∷	- (a) .	iscular Diseas	•	\(\frac{2\pi_1}{2}\)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. T	
). IF	Unknown	A CONSEQUENCE C				· ·	* Interval between onset and de
	(u)	A CONSEQUENCE C	No. 10 Mar. 1988 Apr. 1988		of notion		
1	(a)	V POMORRADEMOF (. Interval between onset and de
/>	DUE TO, OR AS	A CONSEQUENCE O	DE. 2004		ా గ్రామం ఉంది. మ	• • • • •	Interval between onset and de
!	(d)			* F4114	A Property of the Control of the Con		
:::	PART II OTHER SIGNIFICANT C	ONDITIONS-Conditio	ns contributing to death but not r	esulbing in the underlying	cause given in Part 1	26 AUTOR	PSY 27. WAS CASE REFER
: "	2			rii a	- -	(Specify Yo	es of No) TO CORONER (Specif
. 7	28a ACC , SUICIDE, HOM., UNDET.	286. DATE OF INJURY (Mo/Dey/Yr) 28c HOUR OF IN	JURY 28d. DESCRIBE H	HOW INJURY OCCURRED		NO ornel Y
ľ	OR PENDING INVEST, (Specify)					· · · · ·	
17	28e INJURY AT WORK (Specify	28f. PLACE OF INJUI	RY- At home, farm, street, factory	, office 28g LOCATIO	N STREET OR I	R F D. No.: GIT	Y OR TOWN STAT
			A Sec	1			
	Yes or No)	building, etc. (Specify	· · · ·	-	•	٠.	in the second second



70 13 2 194 10/10/2013

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:

DATE ISSUED:

08/14/2013

SIGNATURE AND This copy is not valid unless prepared on engraved border displaying date, seal and signature of Region 1.

