

DOC # 835010
12/06/2013 10:18AM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1213 PG-834 RPTT: 0.00



APN# : 1420-07-817-019

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
James Z. Fide
2712 Caleb Court
Minden, NV 89423

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

Christina Ka

Print name

Christina Ka

Title

Escrow officer

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

James Z. Fide, of legal age, being first duly sworn, deposes and says:

That Vera M. Fide, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vera M. Fide named as one of the parties in that certain Grant Bargain and Sale Deed dated 1/4/1979 executed by Ralph A. Rutledge to James Z. Fide and Vera M. Fide husband and wife as joint tenants, recorded as instrument No. 243933, on 1/17/1979, in Book 191, Page 3811, 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 23, Block C, Unit No. 1, IMPALA MOBILE HOME ESTATES, as shown on the County No. 20555, in Book 578, Page 708, filed May 11, 1978, Douglas County, Nevada.

Dated 05-12-13

James Z. Fide
James Z. Fide / Surviving Joint Tenant

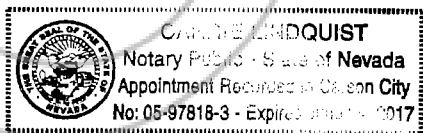
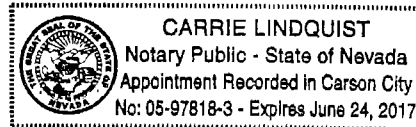
STATE OF NEVADA }SS
COUNTY OF Carson

This instrument was acknowledged before me on 12.5.13

by James Z. Fide

Carrie Lindquist

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013013332
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Vera M FIDE		2. DATE OF DEATH (Mo/Day/Year) August 08, 2013		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify): Inpatient	
DECEDENT	4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE - Last birthday (Years) 87		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) February 22, 1926		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) Married		12. SURVIVING SPOUSE (if wife, give maiden name) James FIDE	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3906		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 940 Loyola Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix)	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print) James FIDE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 940 Loyola Street Carson City, Nevada 89705				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City, NV 89701	
	20a. SIGNATURE AUTHENTICATED					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EMILY NGUYEN DO					
	21b. DATE SIGNED (Mo/Day/Yr) August 13, 2013		21c. HOUR OF DEATH 13:15		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)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) EMILY NGUYEN DO 1155 Mill St. Reno, NV				23b. LICENSE NUMBER DO1651	
	24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 15, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Aspiration pneumonia				Interval between onset and death	
(b) Hypoxic respiratory failure				Interval between onset and death		
(c) Encephalopathy				Interval between onset and death		
(d) Hypertension				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. Hyperglycemia left hemisphere				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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		

STATE REGISTRAR



BK 1213
PG-836

835010 Page: 3 of 3 12/06/2013

VRS-Rev-20120523a

493710

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: **08/19/2013**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

