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Doc Number: **0836376**

01/06/2014 02:55 PM
OFFICIAL RECORDS
Requested By
LAW OFFICE OF EDWARD BERNARD

APN# 1220-10-310-026

Recording Requested by:

Name: The Law Office of Edward Bernard
Address: 1203 N. Nevada St.
City/State/Zip: Carson City, NV 89703

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00
Bk: 0114 Pg: 735



Deputy sg

When Recorded Mail to:

Name: The Law Office of Edward Bernard
Address: 1203 N. Nevada St.
City/State/Zip: Carson City, NV 89703

(for Recorder's use only)

Mail Tax Statement to:

Name: Bonnie Springmeyer
Address: 1051 Stagecoach Ln.
City/State/Zip: Carson City, NV 89703

Affidavit of Death
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380
(State specific law)

Jaemi Hennicksen
Signature

Legal Assistant
Title

Jaemi Hennicksen
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. 1220-16-310-026

WHEN RECORDED MAIL TO::
The Law Offices of Edward Bernard
1203 N. Nevada Street
Carson City, Nevada

MAIL TAX STATEMENTS TO:
Bonnie Springmeyer
1051 Stagecoach Lane
Carson City, Nevada 89703

AFFIDAVIT - DEATH OF A JOINT TENANT

THIS INDENTURE WITNESSETH THAT:

BONNIE SPRINGMEYER, AKA BERNICE SPRINGMEYER of legal age, being duly sworn, deposes and says:

That JON SPRINGMEYER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as named as on of the parties in that certain Grant, Deed, dated January 30, 2009, executed by JON K. SPRINGMEYER, a married man as his sole and separate property, recorded as Instrument No. 0736823 on January 30, 2009 in Book 0109, Page 6834 of Official Records of Douglas County, State of Nevada covering the following the attached described property situate in Douglas County, State of Nevada and more particularly described in Exhibit "A" attached hereto.

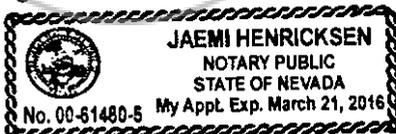
Dated this 19th day of December, 2013

Bonnie Springmeyer
BONNIE SPRINGMEYER, a widow

State of Nevada)
 :SS
Carson City)

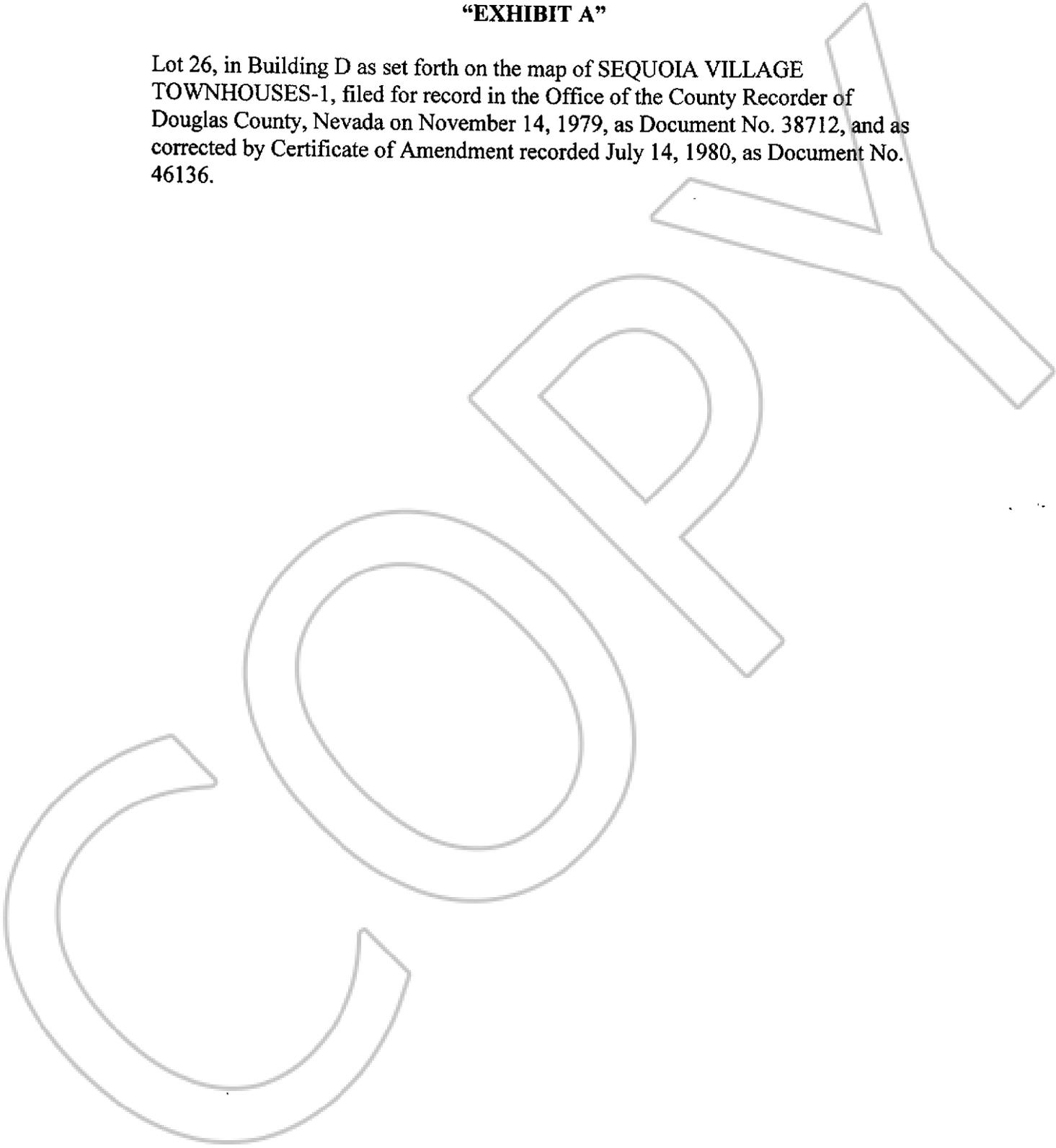
This instrument was acknowledged before me on the 19th day of December, 2013 by BONNIE SPRINGMEYER, a widow.

Jaemi Henricksen
Notary Public



“EXHIBIT A”

Lot 26, in Building D as set forth on the map of SEQUOIA VILLAGE TOWNHOUSES-1, filed for record in the Office of the County Recorder of Douglas County, Nevada on November 14, 1979, as Document No. 38712, and as corrected by Certificate of Amendment recorded July 14, 1980, as Document No. 46136.



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010005544

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) Jon Knox SPRINGMEYER		2. DATE OF DEATH (Mo/Day/Year) April 10, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1051 Stagecoach Lane		3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		7a. AGE - Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) April 25, 1950	
9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16+	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Bonnie CONNOLLY		13. SOCIAL SECURITY NUMBER 8533	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Lawyer		14b. KIND OF BUSINESS OR INDUSTRY Law		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1051 Stagecoach Lane		16. FATHER/PARENT - NAME (First Middle Last Suffix) Melvin F. SPRINGMEYER		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marjorie Ann JOHNSON	
18a. INFORMANT - NAME (Type or Print) Bonnie SPRINGMEYER		18b. MAILING ADDRESS - (Street or R.F.D. No., City or Town, State, Zip) 1051 Stagecoach Lane Carson City, Nevada 89703			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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 AARON BOWMAN MD					
21b. DATE SIGNED (Mo/Day/Yr) April 14, 2010		21c. HOUR OF DEATH 01:25		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) Physician AARON BOWMAN MD 85 Kirman #10 Reno, NV		23b. LICENSE NUMBER 12719		23c. PRONOUNCED DEAD AT (Hour)	
24a. REGISTRAR (Signature) JENELLE BALDWIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 20, 2010		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) Esophageal 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)				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.				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

3332352

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BK: 0114
PG: 738
1/6/2014

VRS-Rev-2012023a

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: **NOV 14 2013**

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

J Baldwin
STATE REGISTRAR

