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Doc Number: **0836377**

01/06/2014 02:56 PM

OFFICIAL RECORDS

Requested By
LAW OFFICE OF EDWARD BERNARD

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0114 Pg: 739



Deputy. sg

APN# 1220-04-110-010

Recording Requested by:

Name: The Law Offices of Edward Bernard

Address: 1203 N. Nevada St.

City/State/Zip: Carson City, NV 89703

When Recorded Mail to:

Name: The Law Office of Edward Bernard

Address: 1203 N. Nevada St.

City/State/Zip: Carson City, NV 89703

Mail Tax Statement to:

Name: Bonnie Springmeyer

Address: 1051 Steag Coach Ln.

City/State/Zip: Carson City, NV 89703

(for Recorder's use only)

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
Jaemi Hennicksen
Printed Name

Legal Assistant
Title

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. 1220-04-110-010

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, 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, Bargain, Sale Deed dated December 21, 2000, executed by JON K. SPRINGMEYER, and BONNIE SPRINGMEYER, recorded as Instrument No.0505894 on December 28, 2000 in the Douglas County Recorder's Office, Douglas County, State of Nevada covering the following attached described property situate in the County of Douglas, State of Nevada and more particularly described in Exhibit "A" attached hereto.

Dated this 19th day of December, 2013

Bonnie Springmeyer

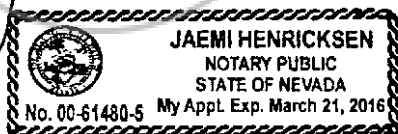
BONNIE SPRINGMEYER, a widow

State of Nevada)
 :SS
Carson City)

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

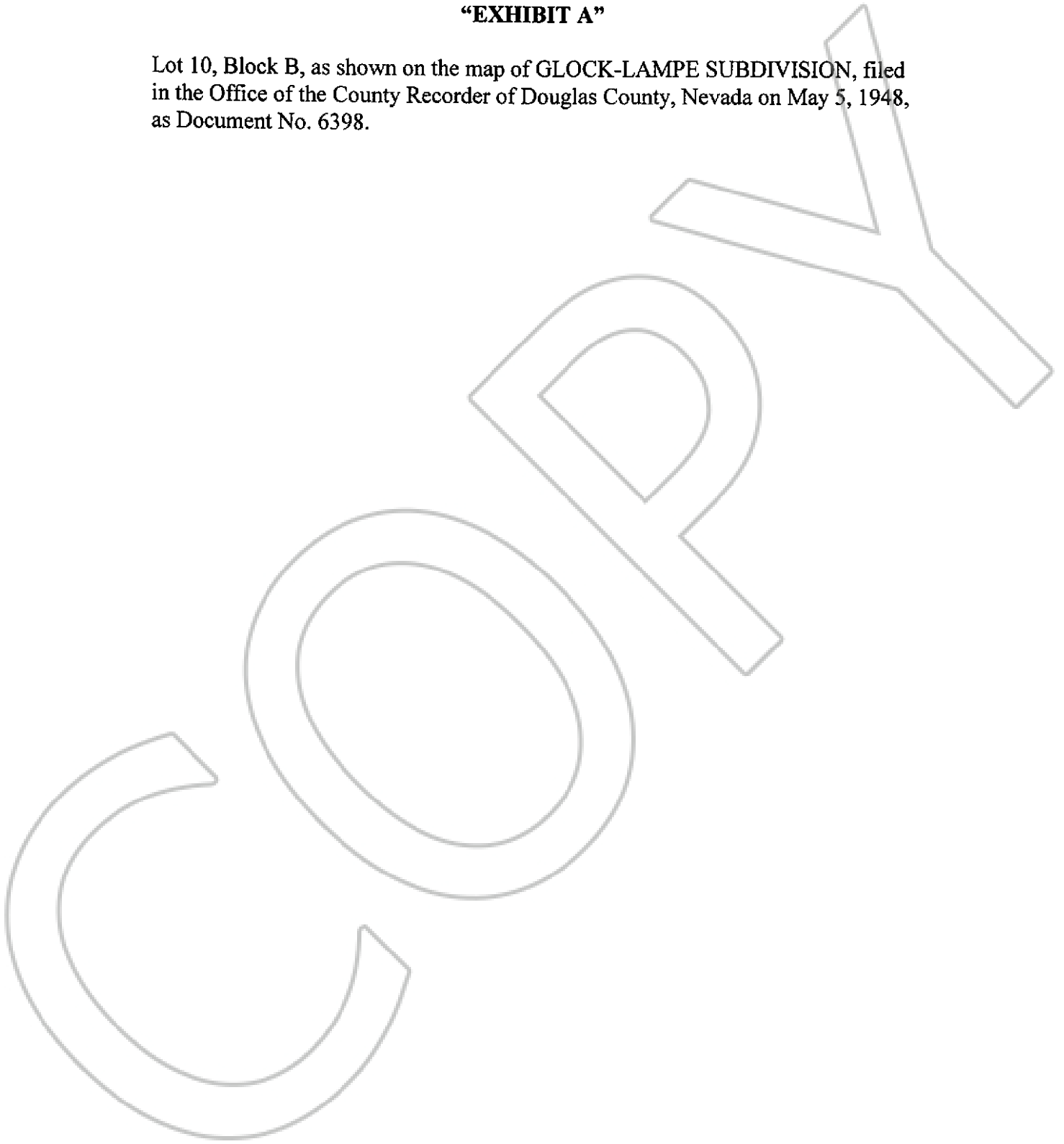
Jaemi Henricksen

Notary Public



“EXHIBIT A”

Lot 10, Block B, as shown on the map of GLOCK-LAMPE SUBDIVISION, filed in the Office of the County Recorder of Douglas County, Nevada on May 5, 1948, as Document No. 6398.



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		3d. If Hosp. or Inst. Indicate DOA, O/P, Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
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 [REDACTED]-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. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1051 Stagecoach Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
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	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) AARON BOWMAN MD 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) April 14, 2010		21c. HOUR OF DEATH 01:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Physician AARON BOWMAN MD 85 Kirman #10 Reno, NV			
23b. LICENSE NUMBER 12719		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) _____			
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, HOMIC., 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

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PG: 742
1/6/2014

VRB-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

STATE REGISTRAR

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

