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OFFICIAL RECORDS

Requested By:
ALLISON MACKENZIE PAVLAKIS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0114 Pg: 1088



Deputy pk

APN: 1420-28-112-004

When recorded return to:

✓ DAWN ELLERBROCK, ESQ.
ALLISON, MacKENZIE, PAVLAKIS,
WRIGHT & FAGAN, LTD.
P.O. Box 646
Carson City, NV 89702

Affiant's Address/Mail Tax Statements To:

SANDRA J. KELLEY
1247 N. Santa Barbara Drive
Minden, NV 89423

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person pursuant to NRS 440.350.

AFFIDAVIT OF DEATH OF JOINT TENANT

SANDRA J. KELLEY does hereby subscribe and swear under penalty of perjury that the following is true and correct:

1. That on August 5, 2008, BERNADINE HARTLEY, as Trustee of the Bernadine Hartley Revocable Trust dated October 4, 2002, executed a Grant, Bargain and Sale Deed in favor of OSCAR L. KELLEY and SANDRA J. KELLEY, husband and wife as joint tenants ("Grantees"), granting to Grantees the real property known as Assessor's Parcel No. 1420-28-112-004 and legally described as:

LOT 233, BLOCK F, AS SHOWN ON THE FINAL MAP #PD99-02-04 FOR SARATOGA SPRINGS ESTATES UNIT NO. 4, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 19, 2000, IN BOOK 500, PAGE 4445, AS DOCUMENT NO. 492337.

2. That the said Grant, Bargain and Sale Deed was recorded with the Douglas County Recorder on August 18, 2008, as Document No. 728525.

3. That OSCAR L. KELLEY, also known as OSCAR LAWRENCE KELLEY (hereinafter "decedent"), died on September 17, 2013, in the County of Douglas, State of Nevada, and is the identical person named in the certified copy of the death certificate attached hereto and incorporated herein by this reference.

4. That the affiant is the surviving spouse of the decedent and the surviving joint tenant.

5. That this affidavit is executed pursuant to NRS 111.365.

DATED on January 3, 2014.

Sandra Kelley
SANDRA J. KELLEY

STATE OF NEVADA)
 : ss.
CARSON CITY)

On January 3, 2014, personally appeared before me, a notary public, SANDRA J. KELLEY, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.

Christine Harper
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013016117

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Oscar Lawrence KELLEY JR		2. DATE OF DEATH (Mo/Day/Year) September 17, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1247 N. Santa Barbara Dr.		3d. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Home	
DECEASED	5. RACE Black		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 24, 1935	
PARENTS	9a. STATE OF BIRTH (if not U.S.A. name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Sandra GRIFFIN		13. SOCIAL SECURITY NUMBER 5835	
DISPOSITION	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Salesman		14b. KIND OF BUSINESS OR INDUSTRY Sales		15. Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
TRADE CALL	16a. STREET AND NUMBER 1247 N. Santa Barbara Dr.		16b. INSIDE CITY LIMITS (Specify Yes or No) Yes		10. FATHER/PARENT - NAME (First Middle Last Suffix) Oscar Lawrence KELLEY SR	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith MADDOX		18a. INFORMANT - NAME (Type or Print) Sandra KELLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1247 N. Santa Barbara Dr. Minden, Nevada 89423	
TRADE CALL	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	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr. Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTOPHER FORMAN M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) October 01, 2013		21c. HOUR OF DEATH 22:09	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of observation and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Christopher Forman M.D. 2674 N. Carson Street, Suite 2 Carson City, NV 89708		23b. LICENSE NUMBER 5528		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 04, 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))	
CAUSE OF DEATH	PART I (a) Cardiopulmonary Arrest		Interval between onset and death Minutes		26. AUTOPSY (Specify Yes or No) No	
	(b) Coronary Artery Disease		Interval between onset and death Months		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) Chronic Obstructive Pulmonary Disease		Interval between onset and death		28a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)	
	(d) Chronic Obstructive Pulmonary Disease		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



BK 0114
PG 1090
1/8/2014

VRS-Rev-20120523a

301052

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:

10/04/2013

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

