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Doc Number: **0836581**

01/10/2014 11:16 AM
OFFICIAL RECORDS
Requested By
MANUEL MORALES

APN: 1318-03-111-031

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00
Bk: 0114 Pg: 1541



Deputy: sd

Grantee (surviving joint tenant):
Manuel Morales
P.O. Box 2629
Stateline, NV 89449

When recorded return to:
SAME AS ABOVE

THE UNDERSIGNED AFFIRMS THAT
THIS DOCUMENT CONTAINS A
SOCIAL SECURITY NUMBER DUE
TO THE REQUIREMENTS OF NRS 440.380.

**AFFIDAVIT OF DEATH OF JOINT TENANT
(NRS 111.365)**

STATE OF NEVADA)
COUNTY OF Douglas)

ss

1. Delicia A. Aspero, being first duly sworn under penalty of perjury, depose and say:

1. That I am the Daughter Theadora Morales (state relationship to deceased joint tenant) of (name of decedent), and ~~his/her surviving joint tenant~~ pursuant to an instrument recorded in the Official Records of Douglas County, Nevada, on MAY 4, ~~20~~ 1971 as Document No. 52598, Book 86, Page 462.

2. Theadora Morales died on August 21, 2013.
A certified copy of his/her certificate of death is attached to this affidavit.

3. The real property owned by Manuel Morales Theadora A. and ~~me~~ MORALES as joint tenants on the date of his/her death, consists of the following:

(insert legal description) See exhibit A

WITNESSETH my hand this 10 day of JANUARY, 2014

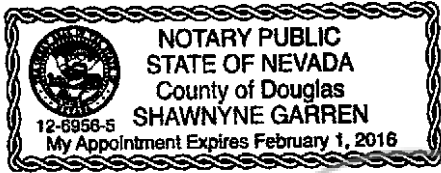
Delicia A. Aspero
(type name of Affiant)
Delicia A. Aspero

(JURAT)

Attached to Affidavit of Death of Joint Tenant, dated 1/10/14.

State of Nevada)
)
County of Douglas)

Signed and sworn to before me this 10 day of Jan, 2012, by
Delicia Antoinette Aspero.



Shawnyne Garren
Notary Public

Exhibit "A"

1 Order No. _____
2 Escrow No. 16179 DS Recorded at Request of FIRST AMERICAN TITLE CO. OF NEVADA
3 On MAY 4 1971 At 5:30 Min. Past 1 P M
4 WHEN RECORDED, MAIL TO Official Records of Douglas County, Nevada, Fee 3.00

5 Patricia J. Stanley, Recorder, By Jacqueline Stanley

6 Space above this line for recorder's use

RPT \$17.60

7 **JOINT TENANCY DEED**

8
9 FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
10 LOUIS H. CHARTRAND and ELIZABETH M. CHARTRAND, husband and wife do(es) hereby

11 GRANT, BARGAIN and SELL to

12 MANUEL MORALES and THEADORA A. MORALES, husband and wife
13 as joint tenants with right of survivorship, and not as tenants in common, the real property
14 situate in the County of DOUGLAS, State of Nevada, described as
15 follows:

15 Lot 110, as shown on the map of SKYLAND SUBDIVISION NO. 2,
16 filed in the office of the County Recorder of Douglas County
17 Nevada, on July 22, 1959.
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19 MAY 6 1971
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Dated April 26, 1971

Louis H. Chartrand
Louis H. Chartrand
Elizabeth M. Chartrand
Elizabeth M. Chartrand

STATE OF NEVADA)
County of Douglas) ss.

On April 30, 1971 personally
appeared before me, a Notary Public,
Louis H. Chartrand and Elizabeth
M. Chartrand

who acknowledged that the y
executed the above instrument.

Anne Unger
Notary Public

MAROUKIAN & MAROUKIAN
ATTORNEYS AT LAW
P.O. BOX 55
ZEPHYR COVE
LAKE TAHOE, NEVADA
PHONE (702) 588-6676

ANNE UNGER
Notary Public - State of Nevada
Notary Public - State of Nevada
Douglas County
My Commission Expires April 20, 1975

52598
BOOK 88 PAGE 402

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013016322

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Theodora Rendon		2. DATE OF DEATH (Mo/Day/Year) August 21, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1042 Golden Mantle Cir.		3e. If Hosp. or Inst. Indicates DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify	
	7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7c. UNDER 1 DAY MOS: _____ DAYS: _____ HOURS: _____ MINS: _____	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 19, 1928		9a. STATE OF BIRTH (if not U.S.A., name, country) California		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) Manuel MORALES	
PARENTS	13. SOCIAL SECURITY NUMBER: 5306		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 Zephyr Cove	
DISPOSITION	15d. STREET AND NUMBER 1042 Golden Mantle Cir.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Earnest APODACA	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Francis RENDON		18a. INFORMANT - NAME (Type or Print) Manuel MORALES		18b. MAILING ADDRESS: (Street or R.F.D. No., City or Town, State, Zip) 1042 Golden Mantle Cir. Zephyr Cove, Nevada 89448	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME		19c. LOCATION: City or Town State	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Watson's Chapel of the Valley 1281 N Rloop Carson City NV 89706	
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)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) RYAN GRANT SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) October 03, 2013	
REGISTRAR	22c. HOUR OF DEATH 13:38		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 21, 2013		22e. PRONOUNCED DEAD AT (Hour) 13:38	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) RYAN GRANT - P O Box 218 Minden, NV 89423		23b. LICENSE NUMBER 443		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 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).) PART I (a) Arteriosclerotic Cardiovascular Disease	
	25a. ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
	25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

STATE REGISTRAR

0836581 Page: 4 of 4

BK 0114
PG 1544
1/10/2014

VRS-Rev-20120523a

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:

10/09/2013

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

