

16-  
Doc Number: **0837754**

02/04/2014 01:09 PM

OFFICIAL RECORDS

Requested By:  
**GEORGE KEELE**

APN: 1220-21-510-123

This document contains a  
Social Security number  
pursuant to NRS 440.380.

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0214 Pg: 343



Deputy gb

- ✓ When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
  : ss.  
COUNTY OF DOUGLAS    )

I, KELLY A. LeCOUNT, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. DANIEL ALLEN LeCOUNT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DANIEL A. LeCOUNT named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated July 28, 2013, executed by Daniel A. LeCount to Daniel A. LeCount and Kelly A. LeCount, Husband and Wife as Joint Tenants, recorded on August 2, 2013, as Document No. 828312, in Book 813, Page 999, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

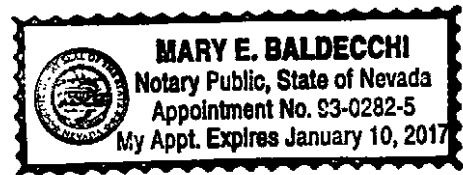
Lot 171 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Per NRS 111.312, this legal description was previously recorded at Document No 828312, in Book 813, Page 999, on August 2, 2013.

*Kelly A. LeCount*  
\_\_\_\_\_  
KELLY A. LeCOUNT

SIGNED AND SWORN TO (or affirmed)  
before me on February 3, 2014,  
by KELLY A. LeCOUNT

*Mary E. Baldecchi*  
\_\_\_\_\_  
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2014000905

STATE FILE NUMBER

Form containing fields for: 1a. DECEASED NAME (Daniel Allen LECOUNT), 2. DATE OF DEATH (January 16, 2014), 3a. COUNTY OF DEATH (Douglas), 3b. CITY, TOWN, OR LOCATION OF DEATH (Gardnerville), 4. SEX (Male), 5. RACE (White), 6. Hispanic Origin?, 7a. AGE-Last birthday (56), 7b. UNDER 1 YEAR (MOS, DAYS), 7c. UNDER 1 DAY (HOURS, MINS), 8. DATE OF BIRTH (April 18, 1957), 9a. STATE OF BIRTH (California), 9b. CITIZEN OF WHAT COUNTRY (United States), 10. EDUCATION (13), 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (Married), 12. SURVIVING SPOUSE (Kelly DRESSER), 13. SOCIAL SECURITY NUMBER (7407), 14a. USUAL OCCUPATION (Real Estate Agent), 14b. KIND OF BUSINESS OR INDUSTRY (Real Estate), 15a. RESIDENCE - STATE (Nevada), 15b. COUNTY (Douglas), 15c. CITY, TOWN OR LOCATION (Gardnerville), 15d. STREET AND NUMBER (789 Linda Dr #B), 15e. INSIDE CITY LIMITS (Yes), 16. FATHER/PARENT - NAME (Charles LeRoy LECOUNT), 17. MOTHER/PARENT - NAME (Joyce ALLEN), 18a. INFORMANT - NAME (Kelly LECOUNT), 18b. MAILING ADDRESS (789 Linda Dr #B Gardnerville, Nevada 89460), 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) (Cremation), 19b. CEMETERY OR CREMATORY - NAME (Fitzhenry's Crematory), 19c. LOCATION (Carson City Nevada 89701), 20a. FUNERAL DIRECTOR - SIGNATURE (JAMES SMOLENSKI), 20b. FUNERAL DIRECTOR LICENSE (217), 20c. NAME AND ADDRESS OF FACILITY (Fitzhenry's Carson Valley Funeral Home), 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (SUE LINDA ONKEN SANCHEZ M.D.), 21b. DATE SIGNED (January 22, 2014), 21c. HOUR OF DEATH (19:14), 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD (Mo/Day/Yr), 22e. PRONOUNCED DEAD AT (Hour), 23a. NAME AND ADDRESS OF CERTIFIER (Sue Linda Onken Sanchez M.D., 1107 Hwy 395 Gardnerville, NV, 89410), 23b. LICENSE NUMBER (9360), 24a. REGISTRAR (Signature) (BIANCA GALEANO), 24b. DATE RECEIVED BY REGISTRAR (January 27, 2014), 24c. DEATH DUE TO COMMUNICABLE DISEASE (NO), 25. IMMEDIATE CAUSE (Primary Pulmonary Hypertension), 26. AUTOPSY (No), 27. WAS CASE REFERRED TO CORONER (No), 28a. ACC., SUICIDE, HOME, UNDET. OR PENDING INVEST (Specify), 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK (Specify Yes or No), 28f. PLACE OF INJURY, 28g. LOCATION (STREET OR R.F.D. No, CITY OR TOWN, STATE)

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

STATE REGISTRAR

Barcode and page information: 0837754 Page 3 of 3

BK 0214
PG 345
2/4/2014

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:

01/30/2014

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

Signature of Registrar: R. White, STATE REGISTRAR, SIGNATURE AUTHENTICATED

