

Doc Number: **0838795**

02/26/2014 03:19 PM

OFFICIAL RECORDS

Requested By:  
**ROWE HALES YTURBIDE**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0214 Pg: 4387



Deputy: ar

17-  
APN: 1220-28-510-061  
RECORDING REQUESTED BY AND  
MAIL TO AND  
MAIL TAX STATEMENTS TO:

✓ Kacie Roy  
608 Bluerock Road  
Gardnerville, NV 89460

Pursuant to NRS 239B.030(4), I affirm that  
the instrument contained below (or attached hereto)  
does contain the social security number of a person.

**AFFIDAVIT OF SURVIVING JOINT TENANT**

**APN: 1220-28-510-061**

**KATCIE I. ROY**, being first duly sworn on oath, deposes and  
states under the pains and penalties of perjury as follows:

1. That your affiant was married to James D. Roy, Deceased.  
Your affiant is the surviving spouse and joint tenant of James D.  
Roy.

Your affiant and James D. Roy were married on 8 February  
1963.

2. Your affiant and James D. Roy were grantees in joint  
tenancy with right of survivorship pursuant to that certain grant,  
bargain and sale deed recorded 6 October 1993, in the official  
records of Douglas County, Nevada, as Document No. 319520, Book  
1093, Page 828.

The grantees in the grant, bargain and sale deed are one  
and the same as your affiant and James D. Roy.

3. The joint tenancy property, with right of survivorship,

is located at 608 Bluerock Road, Gardnerville, Nevada, 89460. The property may be more specifically identified as:

All that certain lot, piece or parcel of land situate, lying and being within the Northeast 1/4 of Section 28, Township 12 North, Range 20 East, M.D.B.&M., Douglas County, Nevada and more particularly described as follows:

Lot 133, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in Book 374, at Page 676, as Document No. 72456, Official Records of Douglas County, Nevada.

EXCEPTING THEREFROM all that portion of said lot described as follows:

Commencing at the Easterly property corner common to aforesaid Lots 133 and 134 which point is the TRUE POINT OF BEGINNING; thence along the property line common to said lots as shown on the aforesaid map South 73°44'22" West a distance of 153.84 feet to the Westerly property corner common to said lots; thence along the Westerly line of said Lot 133 North 09°24'16" West a distance of 14.00 feet; thence leaving said line North 78°57'12" East a distance of 152.80 feet to the TRUE POINT OF BEGINNING.

TOGETHER WITH all that portion of Lot 132, as shown on the aforesaid map described as follows:

Commencing at the Easterly property corner common to Lots 132 and 133 which point is the TRUE POINT OF BEGINNING; thence along the property line common to said lots as shown on the aforesaid map South 67°12'00" West a distance of 137.23 feet to the Westerly property corner common to said lots; thence along the Westerly line of said Lot 132 North 09°24'16" West a distance of 14.00 feet; thence leaving said line North 73°00'14" East a distance of 134.67 feet to the TRUE POINT OF BEGINNING.

James D. Roy, affiant's joint tenant, died on 13 April

2012, in Douglas County, Nevada, and is the identical person named as the Deceased in that certain certified copy of the certificate of death attached hereto as Exhibit "A". The certified copy of the certificate of death is incorporated herein by this reference as if set forth in full.

4. That all of the property identified herein is now vested in your affiant, Kacie I. Roy, as of the date of the Decedent's death.

DATED this 4 day of February, 2014.

*Kacie I. Roy*  
\_\_\_\_\_  
KACIE I. ROY

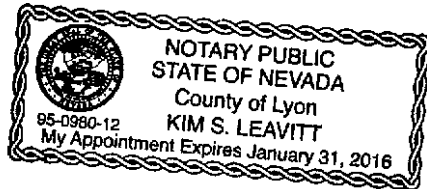
**A C K N O W L E D G E M E N T**

STATE OF NEVADA    )  
                          ) ss.  
COUNTY OF DOUGLAS )

On February 4, 2014, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared KACIE I. ROY, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

This instrument was acknowledged before me on this 4 day of February, 2014.

*[Signature]*  
\_\_\_\_\_  
NOTARIAL OFFICER



**STATE OF NEVADA**

**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH**

**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2012006784**

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) <b>James Donald ROY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 18, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Evergreen Health &amp; Rehab Gardnerville</b>		3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>November 24, 1937</b>	
6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Katcie I PATTERSON</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Maine</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>9216</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Coordinating Supervision</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>608 Bluerock Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Phillippe ROY</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nora OUILLETTE</b>		18a. INFORMANT - NAME (Type or Print) <b>Katcie I ROY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>608 Bluerock Rd Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Funeral Home</b> <b>3945 Fairview Dr. Carson City NV 89701</b>	
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) <b>JOSE ALFREDO AGUIRRE MD</b> 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) <b>April 24, 2012</b>		21c. HOUR OF DEATH <b>19:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>11479</b>				24a. REGISTRAR (Signature) <b>NICHELE L YOUNG</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 02, 2012</b>		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).) <b>Cardiac Arrest</b>				Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF: <b>Coronary Artery Disease</b>				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 1.				26. AUTOPSY? (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR



BK 02 14  
PG 4390  
2/26/20 14

VRS-Rev-20110325

433690

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: 05/04/2012

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

