

164

Doc Number: **0839410**

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OFFICIAL RECORDS

Requested By  
**GEORGE M KEELE**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0314 Pg: 1749



Deputy. pk

APN: 1320-33-711-017

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

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

**AFFIDAVIT OF DEATH OF JOINT TENANT**

**COPY**

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
  : ss.  
COUNTY OF DOUGLAS    )

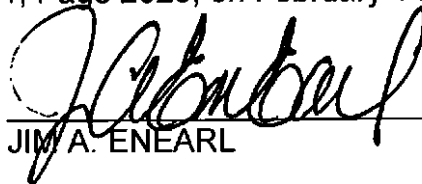
I, JIM A. ENEARL, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

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


2. RITA M. ENEARL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Martha Marietta EnEarl named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated February 01, 2001, executed by LARRY A. THOMAS and DEBORAH G. THOMAS to RITA M. ENEARL, A WIDOW AND JIM A. ENEARL, A MARRIED MAN AS JOINT TENANTS, recorded as Document No. 0508653, in Book 0201, Page 2325, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 47, Block N, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document 407852, Official Records.

Per NRS 111.312, this legal description was previously recorded at Document No. 508653, Book 0201, Page 2325, on February 14, 2001.

  
\_\_\_\_\_  
JIM A. ENEARL

SIGNED AND SWORN TO (or affirmed)  
before me on March 12, 2014,  
by JIM A. ENEARL.

  
\_\_\_\_\_  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

**201400068**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Martha Marietta ENEARL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 03, 2014</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>Carson Valley Senior Living</b>		3d. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Residential Care Facility</b>	
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>88</b>	
	7b. UNDER 1 YEAR MOSE		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 13, 1925</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) <b>Kansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>10</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>4982</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Rancher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Ranching</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1189 Kimmerling Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John BURNES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Martha THOMPSON</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Lynn ENEARL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1679 Toni Ct Minden, Nevada 89423</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>	
CERTIFIER	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 Carson Valley Funeral Home</b> <b>1300 Highway 395 N Gardnerville NV 89410</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>ROBERT J FLIEGLER M.D.</b>		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>January 06, 2014</b>		21c. HOUR OF DEATH <b>11:10</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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. LICENSE NUMBER <b>9310</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robert J Fliegler M.D. 206 N Curry Street Carson City, NV 89703</b>				24a. REGISTRAR (Signature): <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 08, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	PART I (a) <b>Dementia</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
STATE REGISTRAR	(b) <b>Pneumonia - Aspiration</b>				Interval between onset and death	
	(c) <b>Unknown Etiology</b>				Interval between onset and death	
STATE REGISTRAR	(d) <b>Unknown Etiology</b>				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.				28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST? (Specify)	
STATE REGISTRAR	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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BK 0314  
PG 1751  
3/12/2014

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: **01/21/2014**

*R. J. Fliegler*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

