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Doc Number: **0840726**

04/07/2014 12:56 PM

OFFICIAL RECORDS

Requested By:  
LAWRENCE J NOLAN JR

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 0414 Pg: 1263



Deputy: gb

APN: 1220-21-610-218

✓ When Recorded Return to:  
Lawrence J. Nolan, Jr.  
714 Adler Road  
Gardnerville, NV 89410

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA } ss:  
COUNTY OF DOUGLAS

Lawrence J. Nolan, Jr., of legal age, being duly sworn, deposes and says

That Soundra Kay Nolan the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Soundra K. Nolan named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 16, 1997 executed by Harold N. Walker and Sally A. Walker, husband and wife to Lawrence J. Nolan, Jr. and Soundra K. Nolan, husband and wife as joint tenants, recorded as Instrument No. 420157, on 8/2/1997 in Book 897 Page 4536 of Official Records of Douglas County, Nevada, covering the following described property.

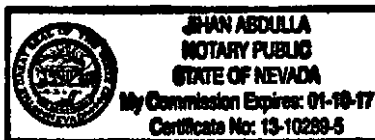
LOT 374, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MAY 29, 1973, DOCUMENT NO. 66512

Dated: April 7, 2014

Lawrence J. Nolan Jr.  
Lawrence J. Nolan, Jr.

SUBSCRIBED AND SWORN TO before me on this 07 day of April, 2014.

Jihan Abdulla  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS

### CERTIFICATE OF DEATH

2013017149

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>Soundra Kay NOLAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 11, 2013</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>714 Addler Road</b>		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient.(Specify) <b>Home</b>	
3d. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>66</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
5 RACE <b>White</b> (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 23, 1947</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Lawrence J NOLAN JR</b>	
13. SOCIAL SECURITY NUMBER <b>2878</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Phlebotomist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</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>714 Addler Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Bobbie C DEXTER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sally Annis HAYHURST</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lawrence J NOLAN JR</b>			18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) <b>714 Addler Road 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>PHILLIP BARNA</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>222T</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> 989 West Moana Lane Reno NV 89509	
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>SIEMAY LEE 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>October 16, 2013</b>		21c. HOUR OF DEATH <b>19:44</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>SIEMAY LEE MD 1516 Virginia Ranch Rd Gardnerville, NV 89410</b>				23b. LICENSE NUMBER <b>11789</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 22, 2013</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))				Interval between onset and death	
PART I (a) <b>Kidney Failure</b>				<b>10 Years</b>	
(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) DUE TO, OR AS A CONSEQUENCE OF:				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>No</b>	
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		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 : 0414  
PG : 1264  
4/7/2014



304953

CERTIFIED COPY OF VITAL RECORDS

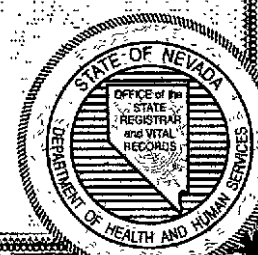
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

10/22/2013

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

*R. Whitt*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a