

17- ✓ A+ Paralegals, Inc.  
312 W. Fourth St., Carson City NV 89703

APN: 1420-06-301-024

APN: \_\_\_\_\_

APN: \_\_\_\_\_

Doc Number: **0846645**

07/18/2014 03:24 PM

OFFICIAL RECORDS

Requested By  
**A+PARALEGALS INC**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0714 Pg: 4370



Deputy sd

FOR RECORDER'S USE ONLY

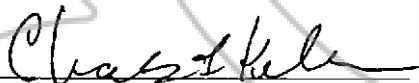
**AFFIDAVIT OF DEATH OF JOINT TENANT**

TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of any person or persons as required by law.

NRS 440.380(1)(a) and NRS 40.525(5)



Charles F. Keller

WHEN RECORDED MAIL TO:

Charles F. Keller  
3689 Summerhill Drive  
Carson City, NV 89705

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT DOES CONTAIN A  
SOCIAL SECURITY NUMBER.

**APN: 1420-06-301-024**

WHEN RECORDED MAIL TO:

Charles F. Keller  
3689 Summerhill Drive  
CARSON CITY, NEVADA 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

### AFFIDAVIT OF DEATH OF JOINT TENANT

CHARLES F. KELLER, being first duly sworn, deposes and says:

1. ARLENE M. KELLER died on April 19, 2014 and a certified copy of her Death Certificate is attached hereto.
2. That at the date of death, the said ARLENE M. KELLER was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

The North half of the Southeast quarter of the Northeast quarter of the North half of Lot 1, of the Southwest quarter of Section 6, Township 14 North, Range 20 East, M.D.B.&M.

3. That said joint tenancy was created by a Deed dated July 13, 2009, recorded on July 17, 2009 as File No. 0747316, in the Douglas County Recorder's Office.
4. That upon the death of ARLENE M. KELLER, the Affiant became the sole owner of the above described property as his sole and separate property.

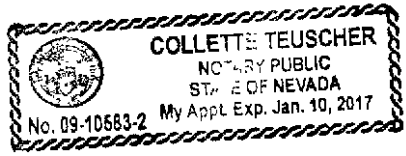
  
\_\_\_\_\_  
Signature, CHARLES F. KELLER

-LOOSE CERTIFICATE ATTACHED-

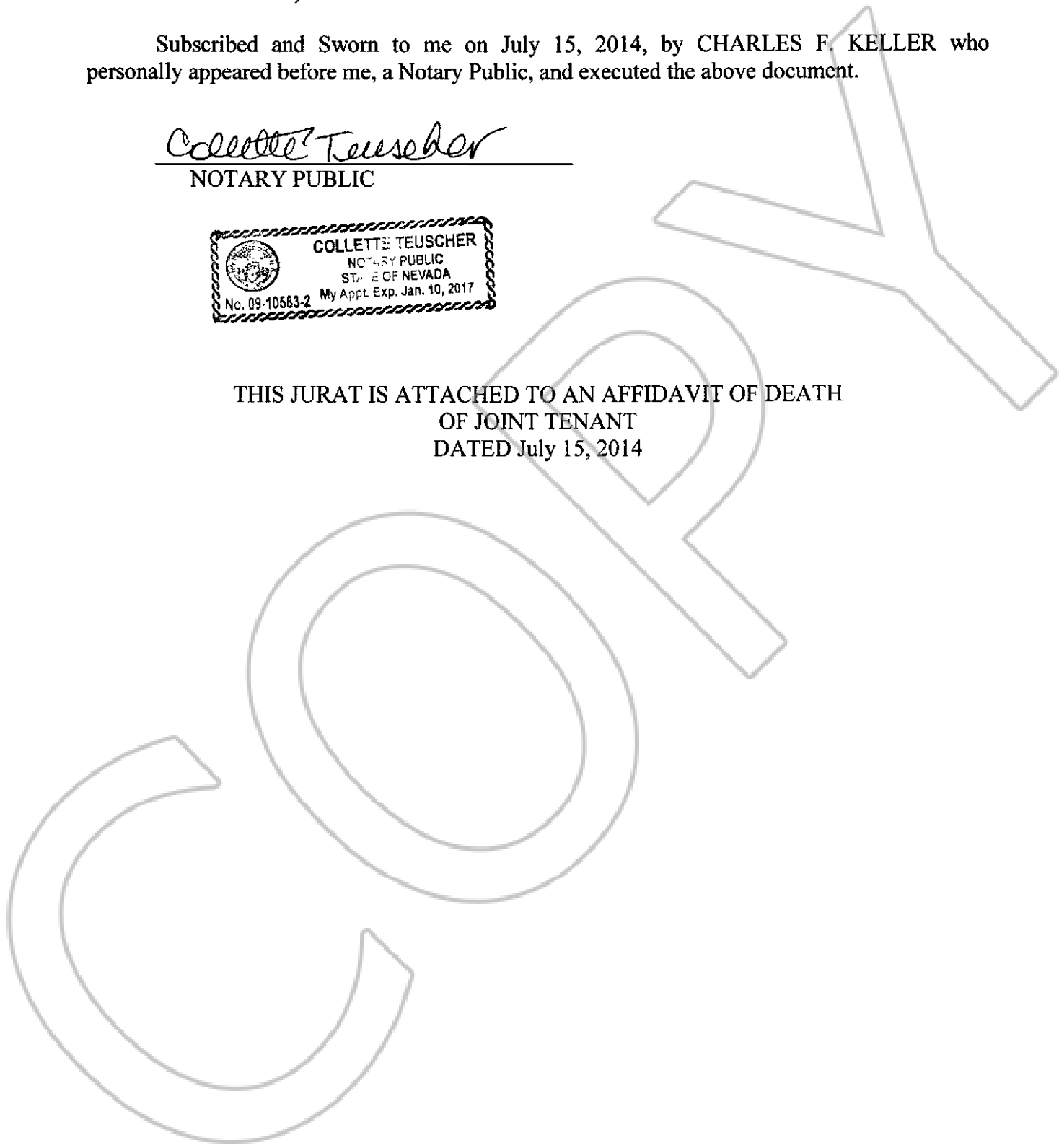
State of Nevada )  
CARSON CITY )

Subscribed and Sworn to me on July 15, 2014, by CHARLES F. KELLER who personally appeared before me, a Notary Public, and executed the above document.

Collette Teuscher  
NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH  
OF JOINT TENANT  
DATED July 15, 2014



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS

### CERTIFICATE OF DEATH

2014006755

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Ariene Marie KELLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 19, 2014</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
DECEDENT	5. RACE: White (Specify) <input checked="" type="checkbox"/>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>64</b>	
	7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 23, 1949</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>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Charles F KELLER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Carson City Sheriff's Dept</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>5594</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Supervisor</b>		14c. Ever in US Armed Forces? <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3689 Summerhill Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Glenn DENMARK</b>	
	17-MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Angela PUREZA</b>		18a. INFORMANT - NAME (Type or Print) <b>Charles F KELLER</b>		18b. MAILING ADDRESS: (Street or R.F.D. No, City or Town, State, Zip) <b>3689 Summerhill Rd Carson City, Nevada 89705</b>	
TRADE CALL	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>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Funeral Home 3945 Fairview Dr. Carson City NV 89701</b>	
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) SIGNATURE AUTHENTICATED <b>CHRISTOPHER FORMAN 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)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Christopher Forman M.D., 2874 N. Carson Street, Suite 2 Carson City, NV 89706</b>	
	21b. DATE SIGNED (Mo/Day/Yr) <b>April 29, 2014</b>		21c. HOUR OF DEATH <b>11:47</b>		23b. LICENSE NUMBER <b>5528</b>	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 30, 2014</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))	
	25a. ACC, SUICIDE, HOMICIDE, 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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		25f. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE	
	25g. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	

STATE REGISTRAR

0846645 Page 4 of 4

BK 0714  
PG 4373  
7/18/2014

VRS-Rev-20120523a

522654

### 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:

04/30/2014

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

