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17-  
Assessor's Parcel Number: 1420-07-411-001

Recording Requested By:

✓ Name: Ernest E. Adler, Esq.

Address: 412 N. Division Street

City/State/Zip Carson City, NV 89703

Real Property Transfer Tax:

\$ 0.00

Doc Number: **0846816**

07/23/2014 03:53 PM

OFFICIAL RECORDS

Requested By:  
ERNEST E ADLER

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00

Bk: 0714 Pg: 5217 RPTT # 5



Deputy ar

Affidavit of Death of Grantor

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

A.P.N. 1420-07-411-001

WHEN RECORDED MAIL TO:  
Ernest E. Adler, Esq.  
KILPATRICK, ADLER & BULLENTINI  
412 N. Division Street  
Carson City, NV 89703

MAIL TAX STATEMENTS TO:  
Robert and Brenda Gray  
3421 Basalt Drive  
Carson City, NV 89705

AFFIDAVIT OF DEATH OF GRANTOR

STATE OF NEVADA    )  
                                  ss.  
CARSON CITY         )

BRENDA SUE GRAY MUNOZ, being duly sworn, deposes and says that PATRICIA GRAY, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as PATRICIA GRAY, names as the grantor or as one of the grantors in the deed upon death recorded on February 27, 2013, as Document No. 0819082, Book 0213, Page 7682, records County of Douglas, State of Nevada, covering the real property commonly known as 3421 Basalt Drive, Carson City, Nevada, and more particularly described as:

Lot 39 of Ridgeview Estates according to the map thereof filed in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972, as Document No. 63503. Together with an undivided 1/83 interest in and to all the common area shown as Parcel A as set forth on said subdivision.

Together with all contents, structures, appliances, fixtures, tenements, hereditements and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

BRENDA SUE GRAY MUNOZ is the one of the beneficiaries to whom the real property is conveyed upon the death of the grantor PATRICIA GRAY. The beneficiaries listed in the Deed Upon Death are ROBERT TIMOTHY GRAY and BRENDA SUE GRAY MUNOZ.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON.

Dated this 21<sup>st</sup> day of July, 2014.

*Brenda Munoz*  
BRENDA SUE GRAY MUNOZ

SUBSCRIBED and SWORN (or affirmed) to before me this 21<sup>st</sup> day of July, 2014.

*Natasha Kiernan*  
NOTARY PUBLIC



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

#### CERTIFICATE OF DEATH

**2014008846**

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>Patricia Marie GRAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 21, 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>	
6. RACE <b>White</b>		8. Hispanic Origin? Specify No - Non-Hispanic		7. AGE - Last birthday (Years) <b>80</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Montana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 02, 1933</b>	
13. SOCIAL SECURITY NUMBER <b>4323</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3421 Basalt Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Laurence WALKER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret KLEIN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Brenda MUNOZ</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 862 Carson City, Nevada 89702</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1814 N Curry Street Carson City NV 89703</b>	
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>CRAIG RAU M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>May 27, 2014</b>		21c. HOUR OF DEATH <b>09:30</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Delemus, Tatjana</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Rau M.D., 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>10991</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 02, 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)) PART I		Interval between onset and death			
(a) <b>Acute Respiratory Failure</b>		Minutes			
(b) <b>Inanition</b>		Days			
(c) <b>Chronic Obstructive Pulmonary Disease</b>		Months			
(d) <b>Cause Otherwise Unknown</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 I				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, HOW, 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 0714  
PG 5220  
7/23/2014

#### 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:

06/06/2014

STATE REGISTRAR  
*R. W. White*  
SIGNATURE AUTHENTICATED

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



VRS-Rev-20120523a