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Doc Number: **0848647**

08/27/2014 11:10 AM

OFFICIAL RECORDS

Requested By:
FRANCINE BARRY

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 0814 Pg: 6275



Deputy sg

APN: 1022-15-001-026

RECORDING REQUESTED BY:

Francine J. Barry
1420 Eagle Mountain Rd.
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO

✓ Francine J. Barry
1420 Eagle Mountain Rd.
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

FRANCINE J. BARRY, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MICHAEL V. BARRY named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 10, 2003, executed by Robert E. Riggins, Trustee of the Riggins Living Trust, dated July 2, 1997, to MICHAEL V. BARRY and FRANCINE J. BARRY (surviving tenant), husband and wife as joint tenants, and recorded on October 15, 2003, in Book 1003, Page 7040. Document No. 0593579 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 3, in Block B, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed FOR RECORD November 16, 1970, in the office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Dated: 8/25/14

Francine J. Barry
FRANCINE J. BARRY

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 25 day of August, 2014, by FRANCINE J. BARRY, proved to me on the basis of satisfactory evidence to be the person who appears before me.

Heide Lorraine Cruz
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

2014012954

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) Michael Vern BARRY		2. DATE OF DEATH (Mo/Day/Year) April 19, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 4000 Risue Canyon Road		3e. If Hosp. or Inst. indicate DOA, OP, Emer Rm, Inpatient (Specify) Risue Canyon	
4. SEX Male		5. RACE: White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 64		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) November 25, 1949		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Francine ESPERON	
13. SOCIAL SECURITY NUMBER ██████████-6786		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Heavy Equipment Operator		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1420 Eagle Mountain Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Richard W. BARRY			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Betty J. BRACKLEY		
18a. INFORMANT - NAME (Type or Print) Francine BARRY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1420 Eagle Mountain Road Wellington, Nevada 89444		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH 16:50	
		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 19, 2014		22e. PRONOUNCED DEAD AT (Hour) 16:50	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) GEORGE SCHRAMM NV				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 13, 2014		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) Arteriosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) History of Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) _____					
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) Yes	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

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:

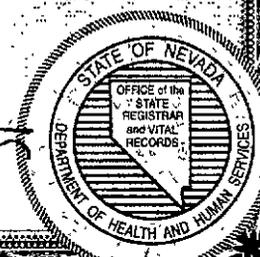
DATE ISSUED: **AUG 13 2014**

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

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BK 08 14
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8/27/20 14

VRS-Rev. 20120523a



Rhonda Pena
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE