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Doc Number: **0849099**

09/05/2014 12:21 PM

OFFICIAL RECORDS

Requested By
DEBORAH VANCE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 0914 Pg: 1104



Deputy: ar

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 1220-21-810-120

RECORDING REQUESTED BY AND MAIL-TAX STATEMENT TO

Name: Deborah Vance
Address: 1833 Mewuk Drive
City/State/Zip: South Lake Tahoe, CA 96150

I, Deborah Vance, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Lois Maxine Vance, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as L. Maxine Vance
(Deceased Name as shown on Deed)

named as one of the parties in that certain Executrix' Deed
(Type of Document)

dated on the 27th day of February, 2009, and executed by Deborah Vance
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 738973

on the 4th day of March, 2009, in book 309, of Official Records of
Douglas County, Nevada, covering the following described property situated in the City of
Gardnerville, County of Douglas, State of Nevada.

(Set forth legal description and commonly known street address, if known)

1331 Mary Jo Drive, Gardnerville, Nevada
Lot 221, as shown on the map of Gardnerville Ranchos,
Unit 7, filed for record in the office of the County
Recorder of Douglas County, State of Nevada, on
March 27, 1974, in Book 374, Page 676, as File No. 72456.

In witness Whereof, I/We have hereunto set my hand/our hands this 5th day of September 20 14

Deborah Vance
(Signature)
Deborah Vance
(Print or type name here)

(Signature)

(Print or type name here)

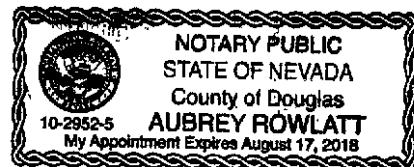
STATE OF NEVADA

COUNTY OF **DOUGLAS**

This instrument was acknowledged before me on (date) September 5, 2014

By (person(s) appearing before notary public) Deborah Ann Vance

Aubrey Rowlatt
(Notary Public)
My Commission expires: 8-17-18



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014013133
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

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) Lois Maxine VANCE		2. DATE OF DEATH (Mo/Day/Year) August 06, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1331 Mary Jo Dr		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 07, 1925		9a. STATE OF BIRTH (If not U.S.A. name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 9672		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1331 Mary Jo Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE (if wife, give maiden name) Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Louis Clovis LAUZIER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna Esther ZICKLER		
18a. INFORMANT - NAME (Type or Print) Deborah VANCE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1833 Mawuk Dr, South Lake Tahoe, California 96150			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) August 14, 2014		21c. HOUR OF DEATH 19:00	
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	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 15, 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).) PART I (a) Breast Cancer Metastazise DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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 0914
PG 1105
9/5/2014

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: **08/20/2014**

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

R. D. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

