

116

DOUGLAS COUNTY, NV 2014-850444

Rec:\$16.00

10/06/2014 03:10 PM

Total:\$16.00

NORTHERN NEVADA TITLE

Pgs=3

APN: 1121-35-002-038

ORDER NO.: 1102122-wd



00000691201408504440030033

KAREN ELLISON, RECORDER

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant  
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Lawrence T. Haines

3915 Granite Way

Wellington, NV 89414

A.P.N.: 1121-35-002-038  
Escrow No.: 1102122-WD

**RECORDING REQUESTED BY**  
Northern Nevada Title Company  
1483 US Highway 395 N # B  
Gardnerville, NV 89410

**MAIL TAX STATEMENTS AND WHEN  
RECORDED, MAIL TO**

Lawrence T. Haines

THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF A JOINT TENANT**

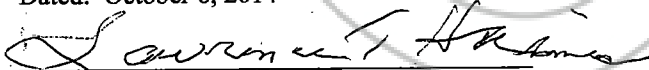
Lawrence T. Haines, of legal age, being duly sworn, deposes and says:

That Dolores J Haines, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as named as Dolores J. Haines one of the parties in that certain Deed executed by Lawrence T. Haines and Dolores J. Haines, husband and wife to Lawrence T. Haines and Dolores J. Haines, husband and wife as joint tenants, recorded as Instrument No. 377143, on December 19, 1995, in Book 1295, Page 2769, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

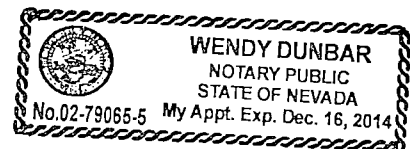
All that certain real property situated in the County of Douglas, State of Nevada, described as follows:  
All that certain real property situate in the Northeast 1/4 of the Southeast 1/4 of Section 35, Township 11 North, Range 21 East, M.D.B.&M., more particularly described as follows:

Parcel D-4, as set forth on Parcel Map for Phil Carter, filed in the office of the Douglas County Recorder, State of Nevada on August 16, 1988, Book 888, Page 2426, Document No. 184377, of Official Records.

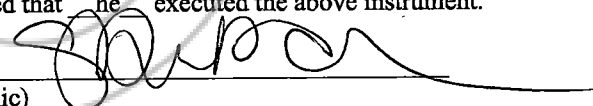
Dated: October 6, 2014

  
Lawrence T. Haines

STATE OF NEVADA)  
COUNTY OF DOUGLAS)



On October 4, 2014 personally appeared before me, a Notary Public, Lawrence T. Haines who acknowledged that he executed the above instrument.

Signature   
(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**

**2014006210**  
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>Dolores Jean HAINES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 29, 2014</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>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE - Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 21, 1944</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Illinois</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>Lawrence T HAINES</b>	
13. SOCIAL SECURITY NUMBER <b>████████-████-3199</b>		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) <b>Reservationist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Vacations</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>930 Karnes Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John ZILIUS</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Isabel WOJCHOWSKI</b>		18a. INFORMANT - NAME (Type or Print) <b>Lori HAINES</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>930 Karnes Dr. Gardnerville, Nevada 89410</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> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</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>RYAN GRANT</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 16, 2014</b>		21c. HOUR OF DEATH <b>04:01</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) <b>RYAN GRANT</b> SIGNATURE AUTHENTICATED	
22b. DATE SIGNED (Mo/Day/Yr) <b>March 29, 2014</b>		22c. HOUR OF DEATH <b>04:01</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>March 29, 2014</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>04:01</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Ryan Grant P O Box 218 Minden, NV 89423</b>		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 21, 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 (a) <b>Hypertensive Cardiovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
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 1. <b>Diabetes Mellitus</b>				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, 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

3756492

530069

CERTIFIED COPY OF VITAL RECORDS

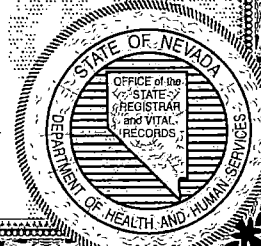
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **05/16/2014**

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE