

APN# 1318-26-515-017

**Recording Requested by:**

Name: Capital Title Co. of Nevada  
Address: 10539 Professional Circle #102  
City/State/Zip: Reno, NV 89521

**When Recorded Mail to:**

Name: Paul B. Christenbury  
Address: 3700 Taylor Glen Lane Unit 351-C  
City/State/Zip: Concord NC 28027

**Mail Tax Statement to:**

Name: Same as Above  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Affidavit-Death of Joint Tenant

( Title of Document )

**Please complete Affirmation Statement below:**

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

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: Nevada  
(State specific law)

Jo Hensley \_\_\_\_\_ Title Assistant  
Signature Title

Jo Hensley  
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

APN: 1318-26-515-017  
ESCROW NO: 10011635-004-C  
WHEN RECORDED MAIL TO and  
MAIL TAX STATEMENT TO:  
PAUL B. CHRISTENBURY  
3700 TAYLOR GLEN LANE  
UNIT 351-C  
CONCORD, NC 28027

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF *NORTH CAROLINA*  
COUNTY OF *CABARRUS* } SS:

Paul B. Christenbury, of legal age, being duly sworn, deposes and says

That Nancy L. Christenbury the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Nancy L. Christenbury named as one of the parties in that certain Grant, Bargain and Sale Deed dated 3/13/08 executed by Keith Swanson and Laurie Swanson to as joint tenants, recorded as Instrument No. 0720099, on March 24, 2008 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 22 in Block C, of GRANITE SPRINGS SUBDIVISION UNIT NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 8, 1980, in Book 780, at Page 409, as Document No. 46019.

APN: 1318-26-515-017

Dated: September 3, 2014  
*10/24/14*

*[Signature]*  
Paul B. Christenbury

STATE OF *North Carolina*  
COUNTY OF *Cabarrus* } SS:

This instrument was acknowledged before me on October 24, 2014,  
*Paul B. Christenbury*

*[Signature]*  
NOTARY PUBLIC

*My Commission Expires 8-16-15*



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2013007370**

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)<br><b>Nancy L CHRISTENBURY</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>April 30, 2013</b>   |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN OR LOCATION OF DEATH<br><b>Stalene</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION (Name (if not either, give street and number))<br><b>121 Desni Ct</b>   |  | 3d. If Hosp. or Inst. indicate DOA, OPI, Emer., Rm. Inpatient (Specify)<br><b>Secondary Residence</b>                                 |  |
| 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify No - Non-Hispanic   |  | 7a. AGE-Last birthday (Years)<br><b>61</b>  |  |
| 7b. UNDER 1 YEAR<br>MOS   DAYS   |  | 7c. UNDER 1 DAY<br>HOURS   MINS   |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>March 21, 1932</b>   |  |
| 9a. STATE OF BIRTH (If not U.S.A., name country)<br><b>North Carolina</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  | 10. EDUCATION<br><b>12</b>  |  |
| 11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Paul CHRISTENBURY</b>  |  | 14. SEX<br><b>Female</b>  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>3466</b>  |  | 14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>   |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Georgia</b>   |  | 15b. COUNTY<br><b>Rockdale</b>  |  | 15c. CITY, TOWN OR LOCATION<br><b>Conyers</b>   |  |
| 15d. STREET AND NUMBER<br><b>2150 Old Salem Rd</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |  | 14c. Ever in US Armed Forces?<br><b>Armed</b>   |  |
| 16. FATHER/PARENT NAME (First Middle Last Suffix)<br><b>William BOST</b>   |  |   | 17. MOTHER/PARENT NAME (First Middle Last Suffix)<br><b>Ida PARISH</b>   |   |  |
| 18a. INFORMANT NAME (Type or Print)<br><b>Paul CHRISTENBURY</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br><b>2150 Old Salem Rd Conyers, Georgia 30013</b>  |  |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>FitzHenry's Crematory</b>   |  | 19c. LOCATION - City or Town State<br><b>Carson City Nevada 89701</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JAMES SMOLENSKI</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>217</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>FitzHenry's Carson Valley Funeral Home</b><br><b>1380 Highway 395 N Gardnerville NV 89410</b> |  |
| 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)<br><b>ALLISON STEINMETZ M.D.</b><br>SIGNATURE AUTHENTICATED |  |   | 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) |   |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>May 02, 2013</b>  |  | 21c. HOUR OF DEATH<br><b>08:09</b>  |  | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 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)<br><b>ALLISON STEINMETZ M.D. 1090 3rd Street South Lake Tahoe, CA 96150</b> |  |   |  |
| 23b. LICENSE NUMBER<br><b>14230</b>  |  | 24a. REGISTRAR (Signature)<br><b>NICOLE SHORE</b><br>SIGNATURE AUTHENTICATED  |  |   |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>May 03, 2013</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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>Cardiopulmonary Arrest</b>  |  |   |  | <b>5 Minutes</b>  |  |
| (b) <b>PROTEIN CALORIE MALNUTRITION</b>  |  |   |  | Interval between onset and death  |  |
| (c) <b>Debility</b>  |  |   |  | <b>1 Week</b>   |  |
| (d) <b>Atrial Fibrillation</b>   |  |   |  | Interval between onset and death  |  |
|  |  |   |  | <b>3 Months</b>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part 1.   |  |   |  |   |  |
| 26. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)  |  | 26a. DATE OF INJURY (Mo/Day/Yr)   |  | 26b. HOUR OF INJURY   |  |
| 26c. INJURY AT WORK (Specify Yes or No)  |  | 26d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)  |  | 26e. DESCRIBE HOW INJURY OCCURRED   |  |
| 26f. LOCATION  |  | 26g. STREET OR R.F.D. No.   |  | 26h. CITY OR TOWN   |  |
| 26i. STATE   |  | 26j. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>  |  |   |  |
| 26k. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>   |  | 26l. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>  |  |   |  |

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: **05/09/2013**

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

*R. D. [Signature]*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE