DOUGLAS COUNTY, NV

2014-852077

Rec:\$15.00 Total:\$15.00

11/03/2014 01:11 PM

Pgs=2

HOUGHTON JONES

KAREN ELLISON, RECORDER

APN: 1420-18-710-030

When Recorded, Please Return To: Houghton Jones, A.P.C. 1625 Highway 88, Suite 304 Minden, Nevada 89423

Mail Future Tax Statements To: Dale & Ester Larson 3337 Dog Leg Drive Minden, NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

The attached document does contain the social security number of a person as required by NRS 440.380.

Dale L. Larson, being of sound mind and body, hereby testifies:

That he is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 30 in Block B, as set forth on that certain Amended Final Map LDA #99-54-1A for SUNRIDGE HEIGHTS III, PHASE 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647.

was held by Velva Larson, Dale L. Larson, and Ester R. Larson, who acquired joint tenancy by Grant, Bargain, Sale Deed No. 0722183 recorded on April 25, 2008.

That Velva Larson passed away on September 22, 2014, as identified in Certificate of Death # 2014015559, issued by the State of Nevada,

That pursuant to the rules of survivorship, Dale L. Larson and Ester R. Larson are the surviving joint tenants and now hold this property as a husband and wife as joint tenants.

That this information is offered with personal knowledge and declared under penalty of perjury.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed No. 0722183 recorded on April 25, 2008.

Date: October 30, 2014.

Dale L. Larson

State of Nevada

Douglas County

This instrument was signed and sworn to before me on October 30, 2014, by Dale L. Larson.

Notary Public

C. JONES

NOTARY PUBLIC

STATE OF NEVADA

My Appt Exp. Sept. 27, 2016



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

PRINTIN	1a. DECEASED NAME (FIRST MIDDLE, LAST, SUFEIX) 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH
PERMANENT BLACK INK	Veliva Elleen September 22, 2014 Carson City
BEACK IND.	3b. CITY, TOWN, OR LOCATION OF DEATH 3c: HOSPITAL OR OTHER INSTITUTION. Name (If not either, give street 3e; If Hosp. or Inst. Indicate DOA OP/Emer. Rm: 4. SEX Inpatient (Specify)
DECEDENT	Carson City 3050 N Omisby Blvd Residential Care Facility Female
	5. RACE White 6. Hispanic Origin? Specify (Specify) No - Non-Hispanic birthday (Years) 97 HOURS MNS August 02, 1917
IF DEATH	9a. STATE OF BIRTH (If not U.S.A. 9b. CITIZEN OF WHAT COUNTRY 10:EDUCATION 11: MARRIED, NEVER MARRIED, WIDOWED, 12: SURVIVING SPOUSE (If wife, give name):
INSTITUTION SEE HANDBOOK	13 SOCIAL SECURITY NUMBER: 14a USUAL OCCUPATION (Give Kind of Work Done During Most 14b, KIND OF BUSINESS:OR INDUSTRY. Ever in US Armed
REGARDING COMPLETION OF	7710 of Working Life, Even If Retired Administrative Assistant Candy Manufacturer Forces? No. 159, RESIDENCE STATE 159, COUNTY
RESIDENCE	15a. RESIDENCE: STATE 1.5b. COUNTY 1.5c. CITY, TOWN OR LOCATION 1.5d. STREET AND NUMBER 1.5b. INSIDE CITY LIMITS (Specify Yes or No) No No
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix). 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Asa Fairchild RUSH Etta Mary WALES
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Z(p) 3337. Dog Leg Dr Minden, Nevada 89423
DISPOSITION	19a BURIAL CREMATION REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City of Town State Removal/State Perris Valley Cemetery Hemet California
	208; FUNERAL DIRECTOR:- SIGNATURE (Or Person Adding as Such):: 20b; FUNERAL 20c; NAME; AND ADDRESS OF FACILITY
WW	TIM FANELLI DIRECTOR LICENSE Walton's Chapel of the Valley SIGNATURE AUTHENTICATED 708 1281 N Roop Carson City NV 89706
TRADE CALL	TRADE, CALL, NAME AND ADDRESS . WITH NAME AND ADDRESS . WITH A STANDARD TO A STANDARD
	21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED to the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED to the time, date and place and due to the cause(s) stated. (Signature & Title)
CERTIFIER	है है 21b DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH
	September 25, 2014 06:30 5 2 22d. PRONQUICED DEAD (Mo/DayYr) 226, PRONQUICED DEAD AT (Hour)
	123a: NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER
	Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703 11479
REGISTRAR	SIGNATURE AUTHENTICATED September 25, 2014 YES EXI NO.
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c), (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
DEATH	DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS IF	(b) Hypertension
GAVE RISE TO	Interval between onset and death.
STATING THE	DUE TO, OR AS A CONSEQUENCE OF:
CAUSE LAST	(d) PART OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY 27. WAS CASE REFERRED
	(Specify Yes or No) NO NO NO Yes
	28a' ACC, SUICIDE, HOM, UNDET::: 28b DATE OF INJURY (MoDay/Yr) 28c: HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCUPRED
	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY-At home, farm, street, factory, office: 28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE Yes of No (Specify)
ü	CTATE DECICTORD
9 = 	STATE REGISTRAR

547954

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:

09/29/2014 SIGNATURE AUTHENTICATED
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.





ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE