

APN # 1420-34-710-059



KAREN ELLISON, RECORDER

Recording Requested by:

Name Andrew Davis

Address 1585 Jones Street

City/State/Zip Minden, NV 89423

(for Recorder's use only)

Affidavit of Surviving Joint Tenant
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed or printed.

APN : 1420-34-710-059

When Recorded Mail to:

Andrew Davis
1585 Jones Street
Minden, Nevada 89423

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

I, Andrew Davis, do hereby swear under penalty of perjury, that the assertions of this affidavit are true.

1. By Grant, Bargain and Sale Deed recorded on January 6, 2006, a joint tenancy with rights of survivorship was created between Affiant Andrew Davis and his spouse Laretta Davis in the following real property situated in Douglas County, Nevada, to wit:

Lot 95, of Sierra View Subdivision, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada on April 18, 1960, in Book 2, Page 105, as Document No. 15897.

Which document was recorded in the records of the County Clerk of Douglas County, State of Nevada, Book 0106, PG-01585.

2. Attached hereto is a certified copy of the Death Certificate of Laretta Davis, the now deceased joint tenant, issued by the Department of Health for the State of Utah, showing that the deceased joint tenant died on the 10 day of September 2014.

3. Affiant further states he is the surviving joint tenant in the described property, and that the decedent named in the Certificate of Death is one and the same person as the joint tenant named in the deed recorded as set forth above.


4. Affiant further states that on the date of the deceased joint tenant's death he was married to her and that Affiant is

//
//

the surviving spouse.


FURTHER AFFIANT SAYETH NOT.

DATED this 28 day of October, 2014.

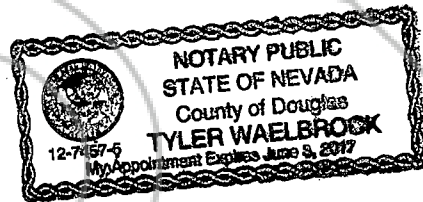


ANDREW DAVIS

SUBSCRIBED and SWORN to before me
by Andrew Davis on this 28th day
of October, 2014.



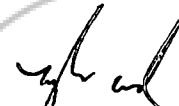
Notary Public
State of Nevada
County of Douglas



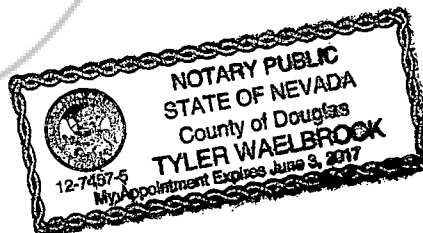
ACKNOWLEDGMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 28th day
of October, 2014, by Andrew Davis.



NOTARY PUBLIC in and for
the County of Douglas
State of Nevada



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2014011739

Lauretta Darlene Davis

DECEDENT INFORMATION

Date of Death:	September 10, 2014	Time of Death:	21:26
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	50	Date of Birth:	September 11, 1963
Place of Birth:	Reno, Nevada	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Andrew James Davis	Usual Occupation:	Nurse
Industry/Business:	Health care	Education:	Associate Degree
Residence:	Minden, Nevada	Father's Name:	Raphael Mana Kim
Mother's Name:	Bonnie Hillygus	Facility Type:	Hospital Inpatient
Facility or Address:	University of Utah Hospital		

INFORMANT INFORMATION

Name:	Andrew Davis	Relationship:	Husband
Mailing Address:	1585 Jones Street, Minden, Nevada 89423		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Independent Professional Services, Salt Lake City, Utah
Date of Disposition:	September 12, 2014

FUNERAL HOME INFORMATION

Funeral Home:	Independent Professional Services
Address:	4555 South Redwood Road, Salt Lake City, Utah 84123
Funeral Director:	C. Gerald Newlon

MEDICAL CERTIFICATION

Medical Professional:	Gregory Hawryluk MD, 50 North Medical Drive, Salt Lake City (Salt Lake), Utah 84132
-----------------------	---

CAUSE OF DEATH

Cerebral Herniation [Onset: 1 Day]
Due to (or as a consequence of): Cerebral Aneurysm Re-rupture [Onset: 1 Week]
Due to (or as a consequence of): Cerebral Aneurysm
Tobacco Use: Unknown
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: September 12, 2014

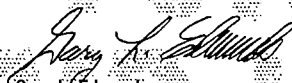
Date Issued: September 12, 2014

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.




Janice L. Houston
State Registrar
Rev. 8/13




Gary L. Edwards
Director/Health Officer
County/District Health Department



AFFIDAVIT FOR CORRECTION

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.
OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.**

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical information **ONLY**. The informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	3. _____		
DOCUMENTS USED TO AMEND RECORD	4. _____		
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		
	5. SIGNATURE OF WITNESS _____		
	6. DATE SIGNED _____	7. AGE OF WITNESS _____	8. DAYTIME TELEPHONE OF WITNESS () _____
	9. ADDRESS OF WITNESS (Street, City, State, Zip) _____		
	10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) _____		
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		
	11. SIGNATURE OF WITNESS _____		
	12. DATE SIGNED _____	13. AGE OF WITNESS _____	14. DAYTIME TELEPHONE OF WITNESS () _____
	15. ADDRESS OF WITNESS (Street, City, State, Zip) _____		
	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) _____		

Subscribed & Sworn to before me this ____ day of _____ 20__

Notary Public _____

My Commission Expires _____

S
E
A
L