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APN: 1220-16-210-078

RECORDING REQUESTED BY:

Beverly Allred
1272 Manhattan Way
Gardnerville, NV 89460

AFTER RECORDATION, RETURN BY MAIL TO:

Beverly Allred
1272 Manhattan Way
Gardnerville, NV 89460



00007112201508561090020024

KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

BEVERLY ALLRED, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RITA L. ST. CLAIR named as one of the parties in that certain Grant, Bargain, Sale Deed dated October 17, 2008, executed by Rita L. St. Clair, a widow, to Rita L. St. Clair, a widow, and Beverly Allred, an unmarried woman (surviving tenant), as joint tenants, and recorded on October 17, 2008, in Book 1008, at Page 2861, as Document No. 0731615 of Official Records of Douglas County, State of Nevada, covering the following described real property in Douglas County, State of Nevada:

LOT 11, IN BLOCK C, AS SAID LOT AND BLOCK ARE SHOWN ON THE AMENDED MAP OF RANCHOS ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, OCTOBER 30, 1972, AS DOCUMENT NO. 62493

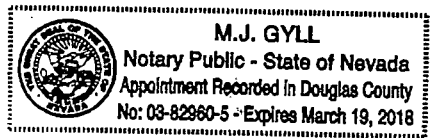
Dated: 01/27/15

Beverly Allred
Beverly Allred

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 27 day of January, 2015, by Beverly Allred, proved to me on the basis of satisfactory evidence to be the person who appears before me.

M.J. Gyll
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

2014021254
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) Rita L ST CLAIR		2. DATE OF DEATH (Mo/Day/Year) December 13, 2014		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and inpatient) (Specify) Renown Regional Medical Center Inpatient		4. SEX Female	
5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
9a. STATE OF BIRTH (if not U.S.A.) Wyoming		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) February 15, 1930	
13. SOCIAL SECURITY NUMBER ██████████6194		14a: USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1272 Manhattan Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) August TESTI			17. MOTHER/PARENT - NAME (First Middle, Last Suffix) Ressie WOLFENBARGER		
18a. INFORMANT- NAME (Type or Print) Melissa A MEYER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1272 Manhattan Way, Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION: City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) AARON FALK 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) December 17, 2014		21c. HOUR OF DEATH 17:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) AARON FALK 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 14616	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 31, 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). Interval between onset and death					
PART I (a) Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Aspiration Pneumonia, Unknown Organism					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
DUE TO, OR AS A CONSEQUENCE OF					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

3805590

560010

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.

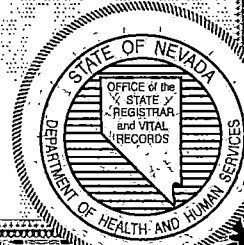
DATE ISSUED:

1/9/2015

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

STATE REGISTRAR
Rand Whelan
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE