

APN# : 1319-19-113-017

DOUGLAS COUNTY, NV

2015-866043

Rec:\$17.00

\$17.00 Pgs=4

07/10/2015 09:54 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Robert Ely

4221 Warren Ave

Sacramento, CA 95822

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Traci Adams

Escrow Officer

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT - DEATH OF JOINT TENANT

Robert Ely, of legal age, being first duly sworn, deposes and says:

That Linda Ruth Bardis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Linda R. Bardis named as one of the parties in that certain Grant Deed dated 9/25/2006 executed by Michael J. Morter and Sigrid Begemann, Trustees under the Morter & Begemann Living Trust, dated September 18, 1998 to Robert Ely and Linda R. Bardis, husband and wife as joint tenants as joint tenants, recorded as instrument No. 0686484, on 10/16/2006, in Book1006, Page 5528, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 17 of ASPEN VALLEY SUBDIVISION UNIT NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 15, 1966, in Book 45, Page 625, as Document No. 34571.

EXCEPTING THEREFROM all minerals and mineral rights as reserved in Deed recorded December 20, 1947, in Book Y of Deeds, Page 321, Document No. 6199, Douglas County, Nevada Records.

Dated 6/23/2015

Robert Ely  
Robert Ely  
Surviving Joint Tenant

STATE OF California  
COUNTY OF Sacramento

}SS

This instrument was acknowledged before me on  
June 13rd, 2015  
by Robert Ely.

Kevin McCann  
Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SACRAMENTO COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

3052014172977  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
(USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV. 3/05))

3201434008104  
LOCAL REGISTRATION NUMBER

<b>DECEDENT'S PERSONAL DATA</b>	1. NAME OF DECEDENT - FIRST (Given) <b>LYNDA</b>			2. MIDDLE <b>RUTH</b>			3. LAST (Family) <b>BARDIS</b>							
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)						4. DATE OF BIRTH mm/dd/ccyy <b>10/08/1942</b>			5. AGE Yrs. <b>71</b>		6. IF UNDER ONE YEAR Months: Days: Hours: Minutes:		7. SEX <b>F</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>MO</b>		10. SOCIAL SECURITY NUMBER <b>██████-5197</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/ccyy <b>09/14/2014</b>		8. HOUR (24 Hours) <b>1430</b>			
	13. EDUCATION - Highest Level/Degree (Use worksheet on back) <b>MASTER'S</b>				14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ADMINISTRATOR</b>						18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>STATE OF CALIFORNIA</b>						19. YEARS IN OCCUPATION <b>30</b>		
<b>USUAL RESIDENCE</b>	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>4221 WARREN AVENUE</b>													
	21. CITY <b>SACRAMENTO</b>			22. COUNTY/PROVINCE <b>SACRAMENTO</b>			23. ZIP CODE <b>95822</b>		24. YEARS IN COUNTY <b>45</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
<b>INFORMANT</b>	26. INFORMANT'S NAME, RELATIONSHIP <b>ROBERT ELY, HUSBAND</b>													
	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>4221 WARREN AVENUE, SACRAMENTO, CA 95822</b>													
<b>SPOUSE/SRDP AND PARENT INFORMATION</b>	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>ROBERT</b>			29. MIDDLE <b>J.</b>			30. LAST (BIRTH NAME) <b>ELY</b>							
	31. NAME OF FATHER/PARENT - FIRST <b>RAYMOND</b>			32. MIDDLE <b>H.</b>			33. LAST <b>BARDIS</b>			34. BIRTH STATE <b>MO</b>				
35. NAME OF MOTHER/PARENT - FIRST <b>CONNIE</b>			36. MIDDLE <b>-</b>			37. LAST (BIRTH NAME) <b>JEWELL</b>			38. BIRTH STATE <b>MO</b>					
<b>FUNERAL DIRECTORY / LOCAL REGISTRAR</b>	39. DISPOSITION DATE mm/dd/ccyy <b>09/22/2014</b>			40. PLACE OF FINAL DISPOSITION <b>SCATTER AT SEA OFF THE COAST OF MARIN COUNTY</b>										
	41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>			42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>						43. LICENSE NUMBER				
44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY OF NORTHERN CALIFORNIA</b>			45. LICENSE NUMBER <b>FD1335</b>			46. SIGNATURE OF LOCAL REGISTRAR <b>OLIVIA KASIRYE, MD</b>			47. DATE mm/dd/ccyy <b>09/22/2014</b>					
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>RESIDENCE</b>													
	104. COUNTY <b>SACRAMENTO</b>			105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>4221 WARREN AVENUE</b>						106. CITY <b>SACRAMENTO</b>				
<b>CAUSE OF DEATH</b>	107. CAUSE OF DEATH <small>Enter the chain of events - illnesses, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>										108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	(A) IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>PLEURAL EFFUSIONS AND LEFT LOWER LOBE COLLAPSE</b>										(AT) <b>MOS</b>			
	(B) SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE ON Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>LEIOMYOSARCOMA OF UTERUS - PULMONARY AND HEPATIC METASTATIC DISEASE</b>										(BT) <b>YRS</b>			
	(C) 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>										(CT) <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
(D) 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO										(DT) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>				
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>EXPLORATORY LAPAROTOMY, HYSTERECTOMY 04--/2008</b>										113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
<b>PHYSICIAN'S CERTIFICATION</b>	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: Decedent Last Seen Alive: <b>09/08/2014</b> <b>09/11/2014</b>						115. SIGNATURE AND TITLE OF CERTIFIER <b>VANESSA AMY KENNEDY M.D.</b>			116. LICENSE NUMBER <b>A116919</b>		117. DATE mm/dd/ccyy <b>09/19/2014</b>		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>VANESSA AMY KENNEDY M.D. 2315 STOCKTON BLVD, SACRAMENTO, CA 95817</b>													
<b>CORONER'S USE ONLY</b>	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK													
	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK													
	121. INJURY DATE mm/dd/ccyy													
	122. HOUR (24 Hours)													
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)														
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)														
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)														
126. SIGNATURE OF CORONER / DEPUTY CORONER						127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER						

STATE REGISTRAR A B C D E  FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **September 25, 2014**

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

  
\* 0 0 1 4 6 9 5 1 6 \*

*Olivia Kasirye MD*  
LOCAL REGISTRAR

