

DOUGLAS COUNTY, NV

2015-868658

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\$16.00 Pgs=3

08/25/2015 02:15 PM

NORTHERN NEVADA TITLE CC

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

**Pamela S Coleman**  
**3467 Calcite Cir.**  
**Carson City, NV 89705**

MAIL TAX STATEMENTS TO:

Same as Above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. N1500654-DW

APN No.: 1420-07-310-048

## AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

Pamela S. Coleman, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Christian Joseph Coleman the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Christian J. Coleman named as one of the Grantees in that certain Deed from Stanley J. Duncan and Victoria P. Duncan to Christian J. Coleman and Pamela S. Coleman recorded in Book 1285 as Instrument No. 127780, recorded on December 4, 1985 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 30 in Block K, as shown on the map of Vista Grande Subdivision Unit No. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on November 9, 1964, as Document No. 26518.

Dated: 8-19-15

Pamela S. Coleman  
Pamela S. Coleman

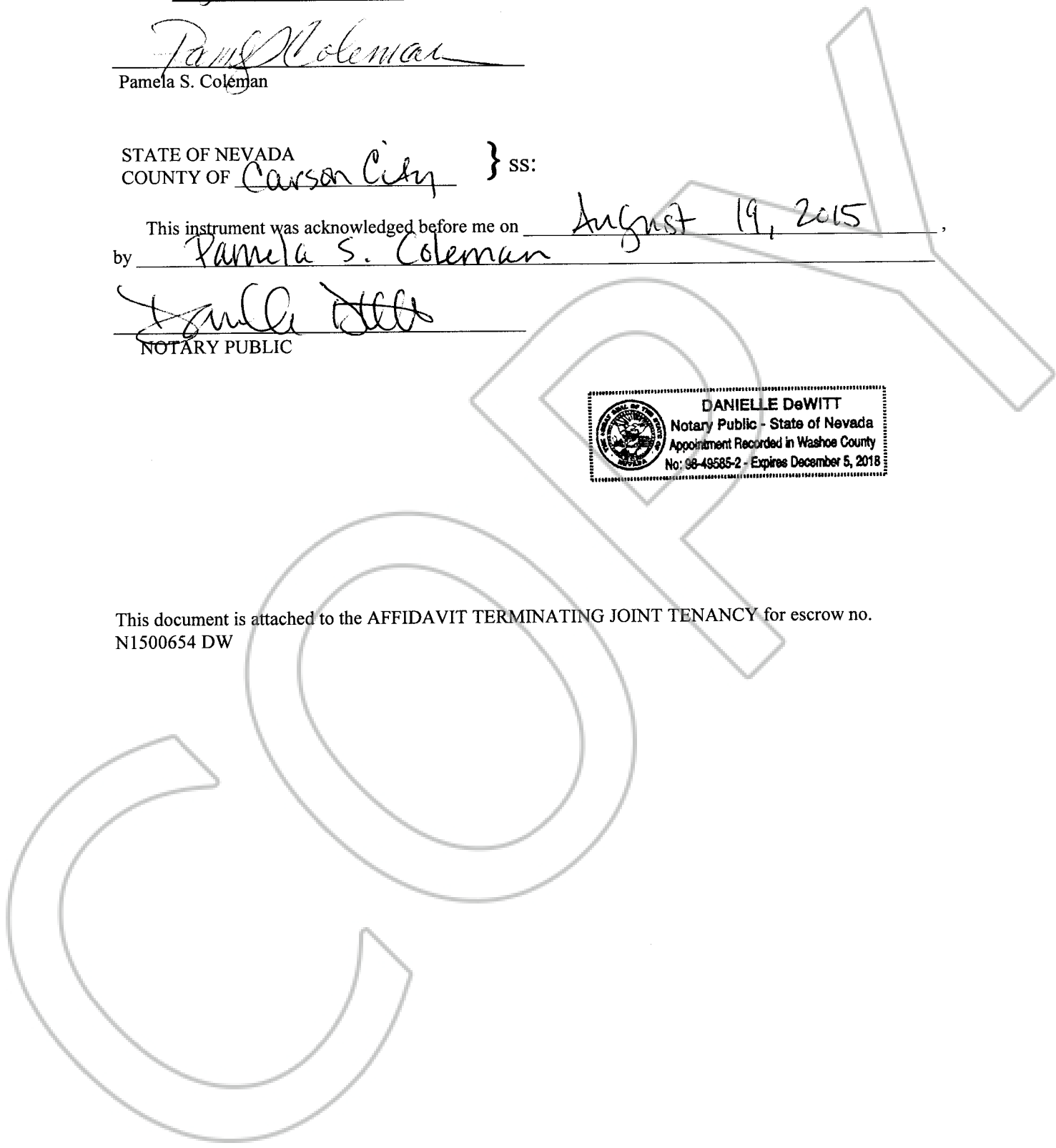
STATE OF NEVADA  
COUNTY OF Carson City } ss:

This instrument was acknowledged before me on August 19, 2015  
by Pamela S. Coleman

Danielle DeWitt  
NOTARY PUBLIC



This document is attached to the AFFIDAVIT TERMINATING JOINT TENANCY for escrow no. N1500654 DW



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS CERTIFICATE OF DEATH

2010018727

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) <b>Christian Joseph COLEMAN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>October 16, 2010</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) <b>Emergency Room / Outpatient</b>		4. SEX <b>Male</b>
5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>59</b>	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	7d. UNDER 1 DAY MINS
9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>14</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Pamela FILLMORE</b>
13. SOCIAL SECURITY NUMBER <b>7284</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Fire Department Chief</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Fire Department</b>		Ever in US Armed Forces? <b>Yes</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Carson City</b>	15c. CITY, TOWN OR LOCATION <b>Carson City</b>		15d. STREET AND NUMBER <b>3475 Calcite Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER - NAME (First Middle Last Suffix) <b>Alexander COLEMAN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Edna TRAGER</b>			
18a. INFORMANT- NAME (Type or Print) <b>Pamela COLEMAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3475 Calcite Circle Carson City, Nevada 89705</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>	20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr. Carson City NV. 89701.</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) <b>[Signature]</b>			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) <b>RUTH RHINES</b> <b>SIGNATURE AUTHENTICATED</b>			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>December 15, 2010</b>	22c. HOUR OF DEATH <b>23:03</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 16, 2010</b>	22e. PRONOUNCED DEAD AT (Hour) <b>23:03</b>		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Ruth Rhines 901 E. Musser St. Carson City, NV 89701</b>					23b. LICENSE NUMBER <b>9307</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 15, 2010</b>		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).)						
PART I						
(a) <b>Multiple Blunt Force Injuries</b> Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <b>Single Motorcycle Collision</b> Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Interval between onset and death						
(d) Interval between onset and death						
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) <b>Yes</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>	28b. DATE OF INJURY (Mo/Day/Yr) <b>October 16, 2010</b>	28c. HOUR OF INJURY <b>2137</b>	28d. DESCRIBE HOW INJURY OCCURRED <b>Lost control of Motorcycle</b>			
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. <b>Hwy 206 Genoa Lane</b>	CITY OR TOWN <b>Genoa</b>	STATE <b>Nevada</b>	

STATE REGISTRAR

3562607

### 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:

DEC 15 2010

STATE REGISTRAR

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

VR8-Rev-20100218

