

APN: 1320-32-114-004



KAREN ELLISON, RECORDER

Grantee(Surviving joint tenant):

Renae E. White

1588 8<sup>th</sup> St

Minden, NV 89423

When recorded return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE UNDERSIGNED AFFIRMS THAT  
THIS DOCUMENT CONTAINS A  
SOCIAL SECURITY NUMBER DUE  
TO THE REQUIREMENTS OF NRS 440.380.**

**AFFIDAVIT OF DEATH OF JOINT TENANT  
(NRS 111.365)**

STATE OF NEVADA )

: ss

COUNTY OF DOUGLAS )

I, Renae E. White, being first duly sworn under penalty of perjury, depose and say:

1. That I am the daughter of Karen Jean White, and her surviving joint tenant pursuant to an instrument recorded in the Official records of Douglas County, Nevada, on April 8, 2005 as Document No. 0641273, Book 0405, Page 3236
2. Karen Jean White died on September 25, 2012

A certified copy of her certificate of death is attached to this affidavit.

3. The real property owned by Karen Jean White and me as joint tenants on the date of her death, consists of the following: SEE EXHIBIT A

WITNESSETH my hand this 27<sup>th</sup> day of August, 2015

Renae E. White  
(type name of Affiant)

**EXHIBIT "A"**

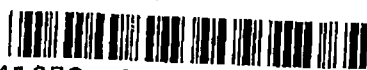
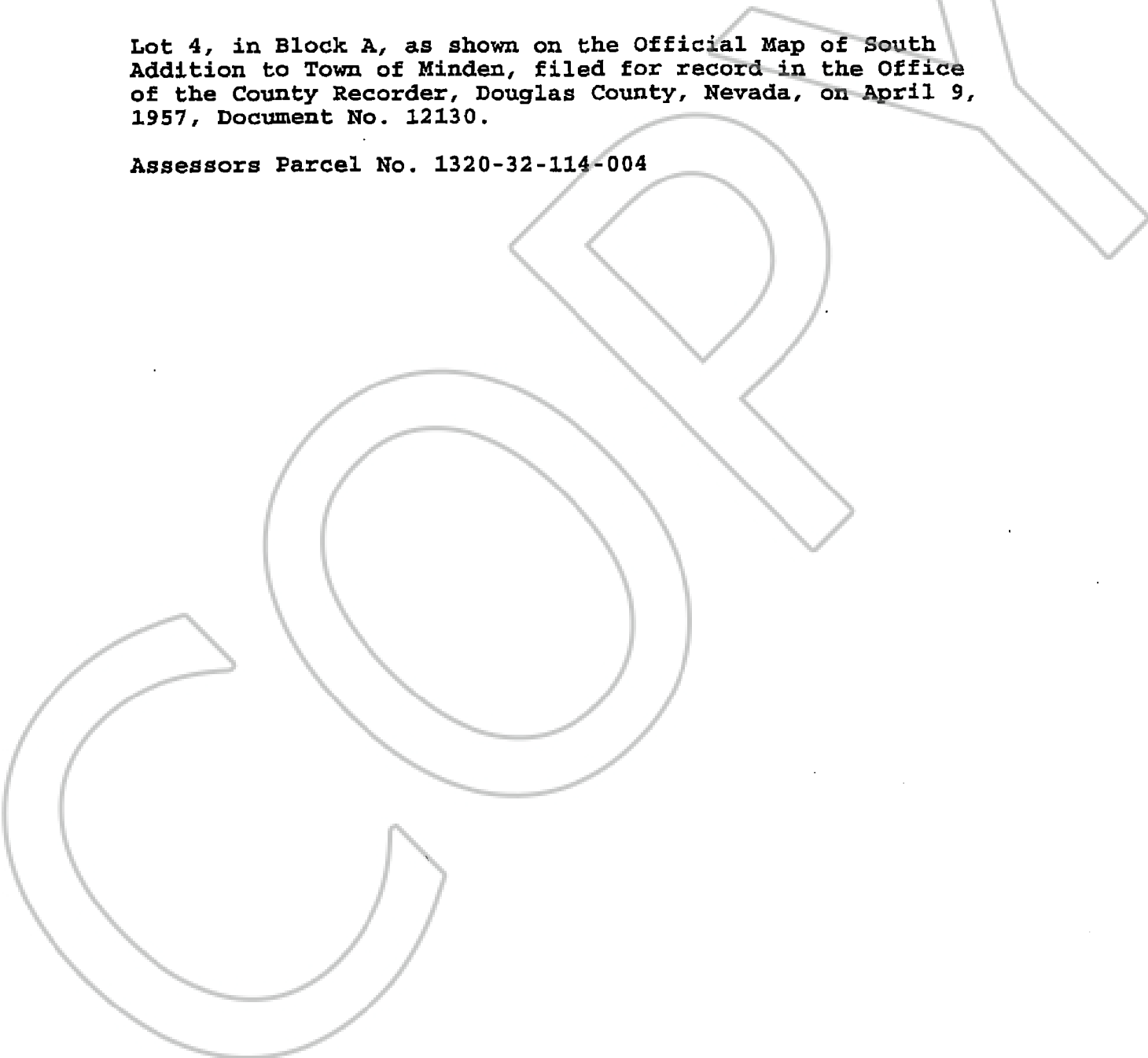
**LEGAL DESCRIPTION**

ESCROW NO.: 050700532

The land referred to herein is situated in the State of Nevada, County of DOUGLAS unincorporated area described as follows:

Lot 4, in Block A, as shown on the Official Map of South Addition to Town of Minden, filed for record in the Office of the County Recorder, Douglas County, Nevada, on April 9, 1957, Document No. 12130.

Assessors Parcel No. 1320-32-114-004



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER: **2012015932**

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Karen Jean WHITE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 25, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street no., If Hosp. or Inst., indicate DOA,OP/Emer; Rm. Inpatient(Specify) <b>1588.8TH.St. Home</b>		4. SEX <b>Female</b>	
5. RACE - White (Specify)		6. Hispanic Origin? Specify No.: Non-Hispanic		7a. AGE-Last birthday (Years) <b>64</b>	
9a. STATE OF BIRTH (If not U.S.A., <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (Maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 28, 1948</b>	
13. SOCIAL SECURITY NUMBER <b>3210</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Ranching/ Beef And Dairy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1588 8TH.St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Marvin F SETTELMAYER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Evelyn GARDELLA</b>		
18a. INFORMANT - NAME (Type or Print) <b>Renae WHITE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 336 Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</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 NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV, 89410</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>NATE ALMEIDA</b> <b>SIGNATURE AUTHENTICATED</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>NATE ALMEIDA</b> <b>SIGNATURE AUTHENTICATED</b>		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH <b>12:45</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
			22e. PRONOUNCED DEAD AT (Hour) <b>12:45</b>		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner, NATE ALMEIDA, P.O. BOX 218 Minden, NV, 89423</b>				23b. LICENSE NUMBER <b>359</b>	
24a. REGISTRAR (Signature) <b>MICHELE L YOUNG</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 09, 2012</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>Arterial Sclerotic Cardiovascular Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. AUTOPSY (Specify Yes or No) <b>No</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC.: SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
				<b>9999</b>	
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	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

590669 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: **AUG 10 2015**

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

*RndWhan*  
STATE REGISTRAR

