



KAREN ELLISON, RECORDER

APN# 1420-07-411-064

Recording Requested by/Mail to:

Name: DORINDA K. NICHOLAS

Address: 3426 TOURMALINE DR.

City/State/Zip: CARSON CITY, NV 89705

Mail Tax Statements to:

Name: DORINDA K. NICHOLAS

Address: 3426 TOURMALINE DR

City/State/Zip: CARSON CITY, NV 89705

AFFIDAVIT - DEATH of JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

DORINDA K. NICHOLAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

\$1.00 Additional Recording Fee for Use of This Page

APN: 1420-07-411-064

RECORDING REQUESTED BY:

Dorinda K. Nicholas
3426 Tourmaline
Carson City, NV 89705

AFTER RECORDATION, RETURN BY MAIL TO:

Dorinda K. Nicholas
3426 Tourmaline
Carson City, NV 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

DORINDA K. NICHOLAS, 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 DAVID J. NICHOLAS named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 20, 1988, executed by Robert A. Solis and Gypsee A. Solis, husband and wife, to DAVID J. NICHOLAS (deceased), MARY K. NICHOLAS (deceased) and DORINDA K. CRONK know known as DORINDA K. NICHOLAS (surviving tenant), all as joint tenants, and recorded on July 20, 1988, in Book 788, Page 2605, Document No. 182506 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 29 of RIDGEVIEW ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on December 27, 1972, as Document No. 63503.

Together with an undivided 1/83 interest in and to all the common area, shown as Parcel "A" as set forth on said subdivision.

Excepting therefrom all minerals and mineral rights.


Dated: 8-28-15

Dorinda K Nicholas
DORINDA K. NICHOLAS

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 28th day of August, 2015, by DORINDA K. NICHOLAS, proved to me on the basis of satisfactory evidence to be the person who appears before me.

J. O. Stovall
Notary Public

 JODI O. STOVALL
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-79473-5 - Expires August 3, 2016

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015009188

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) David John NICHOLAS		2. DATE OF DEATH (Mo/Day/Year) May 24, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street an 3426 Toumaline Dr		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 05, 1929		9a. STATE OF BIRTH (If not U.S.A.) Indiana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER 9881		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Automobile Repair	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3426 Toumaline Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond NICHOLAS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary CASH		
18a. INFORMANT- NAME (Type or Print) Dorinda NICHOLAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3426 Toumaline Dr, Carson City, Nevada 89705			
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		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's 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) STEVEN L. PHILLIPS M.D.			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) June 02, 2015		21c. HOUR OF DEATH 06:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD: AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502			
23b. LICENSE NUMBER 6596		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 02, 2015		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) Cardiac Arrest				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Atherosclerotic Heart Disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I:				28. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

STATE OF NEVADA
AUG 03 2015
VALIDATED

VRS-Rev-20120523a

582415 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: 6/5/2015

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

