

APN# : 1420-34-401-024
075569-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

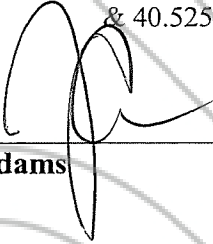
James Ambrose

1200 Riverside #1282

Reno, NV 89503

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

James M. Ambrose, of legal age, being first duly sworn, deposes and says:

That Theresa E. Ambrose, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Theresa E. Ambrose named as one of the parties in that certain Grant, Bargain, Sale Deed dated 6/9/2011 executed by James M. Ambrose and Theresa E. Ambrose, husband and wife a joint tenants with right of survivorship to James M. Ambrose and Theresa E. Ambrose, Trustees of the Ambrose Living Trust dated June 9, 2011. as joint tenants, recorded as instrument No. 0785478, on 6/24/2011, in Book0611, Page 5210, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

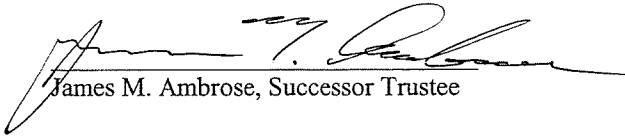
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

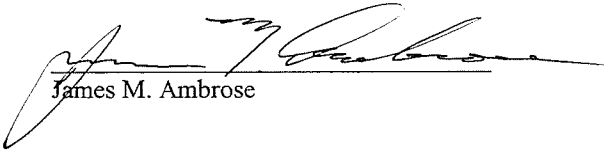
Parcel 7C as set forth on that parcel map for Ernest J. Fixmer, et ux, filed for record in the office of the Douglas County Recorder on March 26, 1985, in Book 385, Page 2344, as Document No. 115243.

Dated _____

11/9/15

The Ambrose Living Trust dated June 9, 2011


James M. Ambrose, Successor Trustee


James M. Ambrose

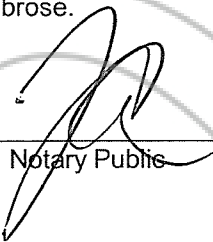
STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on
November 9, 2015,

by James M. Ambrose.



Notary Public

 **TRACI ADAMS**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 09-1691-5 - Expires January 5, 2019

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2013005137
STATE FILE NUMBER

PER OR
PRINT IN
MANENT
ACK INK

PRECEDENT

F DEATH
CURRED IN
STITUTION
HANDBOOK
REGARDING
PLETION OF
EVIDENCE
ITEMS

PARENTS

POSITION

TRADE CALL

CERTIFIER

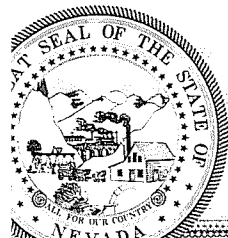
REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
HAVE RISE TO
IMMEDIATE
CAUSE
AFFECTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Theresa Elizabeth AMBROSE		2. DATE OF DEATH (Mo/Day/Year) March 21, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2618 Fuller Avenue		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) May 06, 1945	
9a. STATE OF BIRTH (if not U.S.A., name country) Kentucky		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) James M AMBROSE			
13. SOCIAL SECURITY NUMBER ██████-0051		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2618 Fuller Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Francis OLIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma GEYER		
18a. INFORMANT- NAME (Type or Print) James M AMBROSE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2618 Fuller Avenue Minden, Nevada 89423		
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) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED REED DOPF M.D.					
21b. DATE SIGNED (Mo/Day/Yr) March 26, 2013		21c. HOUR OF DEATH 21:00		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf M.D. 18653 Wedge Pkwy Reno, NV 89511		23b. LICENSE NUMBER 13920		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 29, 2013		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) Terminal Complications of Diminished Intake DUE TO, OR AS A CONSEQUENCE OF: (b) Progressive Supranuclear Palsy DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death Months Interval between onset and death Years Interval between onset and death Years Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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) 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



478171

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: 03/29/2013

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

