

APN# 1220-09-415-003



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Cecilia YALE

Address: 1044 MAVERICK CT.

City/State/Zip: Gardnerville, NV. 89460

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

AFFIDAVIT of 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)

Cecilia Yale

Signature

CECILIA YALE

Printed Name

This document is being (re-)recorded to correct document # 2016-875646, and is correcting adding legal description,

15

Exhibit "A"

REQUESTED BY
Cecilia Yale
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 OCT 25 PM 3:42

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID *BC* DEPUTY

APN: 1220-09-415-003
RPTT \$0 X Full Value Full Value less liens

#9

✓ Name WHEN RECORDED MAIL TO:
Street GEORGETTE SIEFF
Address 1044 MAVERICK COURT
City,State GARDNERVILLE, NV 89410
Zip

 MAIL TAX STATEMENTS TO:
Name SAME AS ABOVE
Street
Address
City,State
Zip
Order
No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, GEORGETTE SIEFF SURVIVING JOINT TENANTS do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to GEORGETTE SIEFF A WIDOW AND CECILIA YALE A MARRIED WOMAN AS HER SOLE AND SEPARATE PROPERTY ALL AS JOINT TENANTS and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of N/A, County of DOUGLAS, State of Nevada bounded and described as follows:

LOT 3, BLOCK 1 AS SET FORTH ON FINAL MAP OF SILVERRANCH PHASE 6, LDA 97-008-6 FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 23, 2001, BOOK 0801 PAGE 6153 AS DOCUMENT NO 521220

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: October 25, 2004

0627573
BK1004PG10319

APN: 1220-09-415-003

Grantee (surviving joint tenant):
CECILIA YALE
1044 MAVERICK COURT
GARDNERVILLE, NV
89460



KAREN ELLISON, RECORDER

When recorded return to:
SAME

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)
COUNTY OF Douglas)

ss

I, Cecilia YALE, being first duly sworn under penalty of perjury, depose and say:

Sieff 1. That I am the DAUGHTER Georgette (state relationship to deceased joint tenant) of (name of decedent), and his/her surviving joint tenant pursuant to an instrument recorded in the Official Records of Douglas County, Nevada, on Oct 25, 2004 as Document No. 0627573 Book 1004, Page 10319

2. Georgette Sieff died on JANU, 2016.
A certified copy of his/her certificate of death is attached to this affidavit.

3. The real property owned by Georgette Sieff and me as joint tenants on the date of his/her death, consists of the following:

(insert legal description) SEE Exhibit A

WITNESSETH my hand this _____ day of _____, 20____

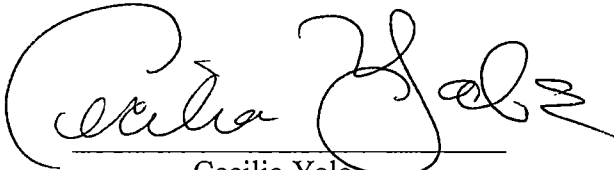
Cecilia Yale
(type name of Affiant)
Cecilia YALE

(JURAT)

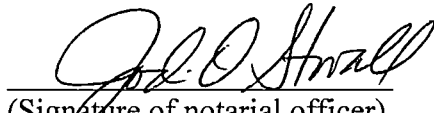
Affidavit of Death of Joint Tenant
(attached)

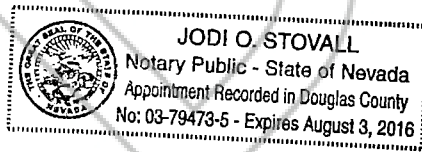
State of Nevada
County of Douglas County

This instrument was acknowledged by me on January 21, 2016, by Cecilia Yale.



Cecilia Yale


(Signature of notarial officer)
Jodi O Stovall



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3872037

2016000126
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Georgette T SIEFF		2. DATE OF DEATH (Mo/Day/Year) January 04, 2016		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Renown South Meadows Medical Center Inpatient(Specify) Inpatient		4. SEX Female	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 90	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 0265		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Musician		14b. KIND OF BUSINESS OR INDUSTRY Music	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1044 Maverick Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) George W COLLIGNON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cecilia WALLACE		18a. INFORMANT - NAME (Type or Print) Cecilia YALE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1044 Maverick Court Gardnerville, Nevada 89460				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
	19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PATRICK A WOODARD M.D. SIGNATURE AUTHENTICATED		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) January 08, 2016		21c. HOUR OF DEATH 12:55		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gabriel F Bou Merhi M.D.		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Patrick A Woodard M.D. 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 15184	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2016		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) Acute Hypoxic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Multi-system Organ Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Septic Shock DUE TO, OR AS A CONSEQUENCE OF: (d) Pneumonia, Unknown Organism				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Stage IV Decubitus Ulcer, Severe Protein-calorie Malnutrition, Atrial Fibrillation				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HGM, 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

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.

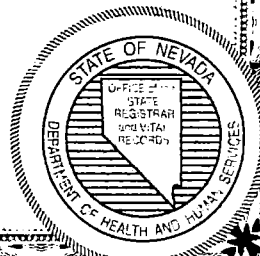
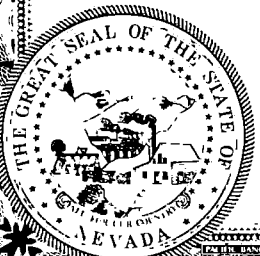
DATE ISSUED:

1/14/2016

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

Rnd White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE