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KAREN ELLISON, RECORDER

APN No. 1420-28-810-010

Recording Requested By:

Calvin Closson
c/o Edmund J. Gorman, Jr.
335 W. First St.
Reno, NV 89503

And When Recorded Mail To:

Calvin Closson
c/o Edmund J. Gorman, Jr.
335 W. First St.
Reno, NV 89503

Mail Tax Statements To:

Calvin Closson
1375 Saratoga St.
Minden, NV 89423

Death of Joint Tenant Affidavit

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380


Signature

Edmund Gorman
Printed Name

Attorney
Title

DEATH OF JOINT TENANT AFFIDAVIT

State of Nevada)
) ss.
County of Douglas)

Affiant, Calvin Closson, being duly sworn, deposes and says:

1. Clarence Edward Closson, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Clarence Edward Closson, named as joint tenant according to a certain deed recorded on November 19th, 2010, as document Number 774195, in the Official Records of Douglas County, Nevada, conveying the real property commonly known as 1375 Saratoga St., Minden, Nevada, County of Douglas, State of Nevada, and more particularly described as:

LOT 5 OF SARATOGA HEIGHTS UNIT NO. 2, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 5, 1966, AS DOCUMENT NO. 34826

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion or reversions, remainder and remainders, rents, issues and profits thereof.

- 2. The foregoing legal description is identical to the legal description in the aforementioned deed;
- 3. Clarence Edward Closson died September 20th, 2013.
- 4. Affiant Calvin Closson is the son of Clarence Edward Closson and Takako Closson, the surviving joint tenant of the property, and has knowledge of the facts stated herein.

Further, Affiant sayeth naught.

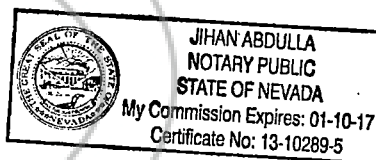


Calvin Closson

ACKNOWLEDGEMENT

SUBSCRIBED AND SWORN TO before me, Jihan Abdulla, a notary public, on the 12 day of Feb., 2016, by Calvin Closson, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this Death of Joint Tenant Affidavit.

Jihan Abdulla
NOTARY PUBLIC



CROSS

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2013015762

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) Clarence Edward CLOSSON		2. DATE OF DEATH (Mo/Day/Year) September 20, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 29, 1937	
9a. STATE OF BIRTH (if not U.S.A. name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Takako KOBAYASHI		13. SOCIAL SECURITY NUMBER 0152	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired). Navy		14b. KIND OF BUSINESS OR INDUSTRY United States Military		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 4720 Snyder Ave #5		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Benjamin Franklin MATHES	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice Elizabeth MCKEON		18a. INFORMANT - NAME (Type or Print) Takako CLOSSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4720 Snyder Ave #5 Carson City, Nevada 89701	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln 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) TIMOTHY HILLBRICK DO 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) September 25, 2013		21c. HOUR OF DEATH 21:16		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Timothy Hillbrick DO, 1200 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 962	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 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) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				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

3734436

501497

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:

09/27/2013

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

R. Hillbrick
STATE REGISTRAR
SIGNATURE AUTHENTICATED

