

DOUGLAS COUNTY, NV

2016-878091

Rec:\$16.00

\$16.00 Pgs=3

03/14/2016 12:07 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN# : 1022-14-001-014

Recording Requested By:

Western Title Company

When Recorded Mail To:

Louis J. Best

1358 Porter Drive

Minden, NV 89423

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

Viola A. Best, of legal age, being first duly sworn, deposes and says:

That Louis J. Best, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Louis J. Best named as one of the parties in that certain Grant, Bargain, Sale Deed dated 1/10/1989 executed by Byron H. Boulanger and Shirley M. Boulanger, husband and wife to Louis J. Best and Viola A. Best as joint tenants, recorded as instrument No. 194379, on 1/13/1989, in Book 189, Page 1604, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 6, in Block A, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

Dated 2/26/16

Surviving Joint Tenant

Viola A. Best
Viola A. Best

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 2/26/16

by Viola A. Best

[Signature]
Notary Public



CERTIFICATION OF VITAL RECORD

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

2014010040
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) Louis James BEST SR		2. DATE OF DEATH (Mo/Day/Year) June 18, 2014		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		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 72		7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 13, 1942		9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Viola MURRAY	
13. SOCIAL SECURITY NUMBER 4861		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Fire Chief		14b. KIND OF BUSINESS OR INDUSTRY Fire Prevention	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 4085 Tile Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth BEST			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pauline HUBBARD		
18a. INFORMANT - NAME (Type or Print) Viola BEST		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4085 Tile Court Wellington, Nevada 89444			
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 in Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompac Ln Carson City NV 89701	
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 CRAIG RAU M.D.					
21b. DATE SIGNED (Mo/Day/Yr) June 25, 2014		21c. HOUR OF DEATH 14:03		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)				22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH				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) Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703	
23b. LICENSE NUMBER 10991				24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 26, 2014				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) Cardiorespiratory Failure		Interval between onset and death Minutes	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b) Chronic Obstructive Pulmonary Disease Exacerbation		Days	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(c) Obstructive Sleep Apnea		Months	
		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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				28a. ACC. SUICIDE, HON., 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:

STATE REGISTRAR

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

