DOUGLAS COUNTY, NV Rec:\$16.00

04/28/2016 04:21 PM

2016-880030

Total:\$16.00 HERITAGE LAW GROUP

Pgs=3

APN: 1220-01-002-058

When Recorded, Please Return To: Heritage Law Group, P.C. 1625 Highway 88, Suite 304 Minden, Nevada 89423

Mail Future Tax Statements To:
Ms. Kathleen Belles
1809 Sterling Ranch Road
Gardnerville, NV 89410



KAREN ELLISON, RECORDER

## AFFIDAVIT OF DEATH

The attached document does contain the social security number of a person as required by NRS 440.380.

Kathleen Belles, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

## See "Exhibit A"

was held by Richard Belles and Kathleen Belles, who acquired joint tenancy by Grant, Bargain and Sale Deed No. 702853 recorded on June 12, 2007,

That Richard Belles passed away on September 21, 2014, as identified in Certificate of Death # 2014003045, issued by the State of Alaska,

That pursuant to the rules of survivorship, Kathleen Belles is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed No. 702853 recorded on June 12, 2007.

Date: April 27, 2016

Kathleen Belles

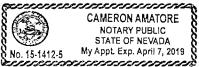
State of Nevada

) ss.

**Douglas County** 

This instrument was signed and sworn to before me on April 27, 2016, by Kathleen Belles.

Notary Public



## "Exhibit A"

LOT 10, IN BLOCK D, AS SET FORTH ON THE FINAL MAP #PD01-19 FOR STERLING RANCH ESTATES, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, SEPTEMBER 17, 2002, BOOK 0902, PAGE 5372, AS DOCUMENT NO. 552347, AND BY CERTIFICATE OF AMENDMENT RECORDED MARCH 26, 2003, IN BOOK 0303, PAGE 12541, AS DOCUMENT NO. 571358.





## STATE OF ALASKA



|                      | ALASKA DEPARTMENT  | OF HEALTH AND SOCI<br>P.O. Box 110675, Ju | AL SERVICES<br>neau, AK 9981           | - BUREAU OF \<br>1-0675  | /ITAL STATISTICS                            | <ol> <li></li></ol>      |
|----------------------|--|---|--|--|---|--------------------------|
| DAT                  | FILED 10/27/2014   | CERTIFICATE                               | OF DEATH                               |  | STATE FILE NO 2                             |                          |
| İ                    | 1 DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Mx RICHARD HAROLD BELLES  | ddle, Last)                               |  | 2 SEX  | 3. SUCIAL SECT                              | HII Y NUMBER             |
| 1                    | 48 AGE-Last Birthday (Years) 45 UNDER 1 YEAR   | 4c. UNDER 1 DAY                           | 5. DATE OF BIRTI                       |  | 6 BIRTHPLACE (City and S                    | tate or Foreign Country) |
| -                    | 66 Months Days   | Hours Minutes                             | 08/23/1948                             |  | Salina, Kansas                              | 1 1                      |
|                      | 7a RESIDENCE-STATE 76 COUNT Nevada Douglas   |   |  | 7c. CITY OR TOWN<br>Gardnerville   |   |                          |
|                      | 7d STREET AND NUMBER   |   | , APT No.                              | 7f. ZIP CODE   | 7g, INSIDE CITY LIM                         | ITS?                     |
| 12                   | 1809 Sterling Ranch Drive  B EVER IN US ARMED FORCES?  B MARITAL STATU   | S AT TIME OF DEATH                        | In Supvivi                             | 89410  | (If wife, give name poor to t               | Yes No                   |
| Ę,                   | □ · · · □ · · · □ · · · · · ·  |   |  |  |   |                          |
| 를                    | Dvorced Never Martied Unknown KATHLEEN SEWARD  11 FATHER'S NAME (First, Middle, Lest)  12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Lest)   |   |  |  |   |                          |
| ا<br>چ               | 11 FATHER'S NAME (First, Mindle, Lest)  12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Mindle Lest)  HAROLD ASA BELLES  11. FATHER'S NAME PRIOR TO FIRST MARRIAGE (First, Mindle Lest)  HILDA BRACKEN   |   |  |  |   |                          |
| De s                 | 13a INFORMANT'S NAME   | D. RELATIONSHIP TO DECEDI                 | NT 13c MAILING                         | ADDRESS (Street and  | d Number, City, State, Zip C                | ode)                     |
| e Completed/Verified | 14 DECEDENT'S EDUCATION-Check the box that   | 15. DECEDENT OF HISPANIC ORIGIN?          |  | rling Ranch Drive Gardnerville, Nevada 89410  16 DECEDENTS RACE (Check one or more races to indicate what the decedent |   |                          |
| 5                    | best describes that beat describes the highest degree Check the box that or level of school completed at the time of death. The decedent is Sp.  |   | scribes whether<br>spanic/Latino(s)    | considered him:  | self or herself to be)                      | ***                      |
| ä                    | 3 8th grade or less Check the 'No box if the Decedent is no  |   | ecedent is not                         | Black or African American  |   |                          |
| ုင္                  | 9th - 12th grade, no diploma   |   |  | American Indian or Alaskan Native (Name of the enrolled or principal tribe)  |   |                          |
| 1                    | High school graduate or GED  X Some college credit, but no degree  |   |  | ☐ Asian Indian   |   |                          |
| 1                    | Associate degree (e.g., AA, AS) Chicano(a)   |   | n American,                            | Chinese  | <b>N</b>                                    |                          |
| 1                    | ☐ Bachelor's degree (e.g., BA, AB, BS)   | Yes, Puerto Rican                         |  | Filipino<br>Japanese   | \   | <b>*</b>                 |
| -                    | Master's degree (e.g., MA, MS, MEng, MEd,  | Yes, Cuban                                |  |  | \ .   |                          |
| 1                    | MSW, MBA)  ☐ Doctorate (e.g., PhD, EdD) or Professional ☐ Yes, other Spanish/Hispanic/Latino   |   |  | Korean<br>Vletnamese<br>Other Asian (  | (Specify)                                   | 7                        |
|                      | degree (e.g., MD, DDS, DVM, LLB, JD) Specify Native Hawaiian   |   |  |  |   |                          |
| 1                    | 17 DECEDENTS USUAL OCCUPATION (Indicate type of work done during most of working   |   |  |  |   |                          |
| 1                    | Drilling Fluid Engineer Other Pacific (slander (Specify)   |   |  |  |   |                          |
| -                    | Oil, Gas, C  | Geothermal                                | FATH (Check only                       |  | y)  |                          |
| 1                    | IF DEATH OCCURRED IN A HOSPITAL  | IF DEATH DCO                              | JRRED SOMEWHER                         | y one.)<br>RE OTHER THAN A H   | OSPITAL                                     | ☐ Hospice Facility       |
| ı                    | ☐ Inpatient ☐ Emergency Room/Outpatient ☐ De   | , -                                       | 76.                                    |  |   | Specify): COAST INTERNA  |
| 1                    | 20 FACILITY NAME (If not institution, give street & rumber) 21 CITY OR TOWN, STATE AND ZIP CODE 22. COUNTY OF DEATH  |   |  |  |   |                          |
|                      | 3450 International Way  Anchorage, Alaska 99501 Anchorage  23. METHOD OF DISPOSITION □ Burial ☑ Cremation □ Donation □ PLACE OF DISPOSITION (Name of cemetery, crematory, other piace)   |   |  |  |   |                          |
| 1                    |  |   |  |  |   |                          |
| - 1                  | DENIOMEMBER DESCRIPTION STATE TO NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY  25. LOCATION - CITY, TOWN AND STATE TO NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY   |   |  |  |   |                          |
| -                    | Anchorage AK Kehi's Legacy Funeral Home 11621 Old Seward Hwy. Anchorage, Alaska 99515  |   |  |  |   |                          |
|                      | 27 SIGNATURE OF FUNERAL SERVICE LICENSES OR OTHER AGENT 29 LICENSE NUMBER (O'Logides) GROENEVELD, STACEY C. 449  |   |  |  |   |                          |
| _                    | ITEMS 28-33 MUST BE COMPLETED BY PERSON  | WHO 29 DATE PRO                           | NOUNCED DEAD                           | (MM/DD/YY)   | 30. TIME PRONOUNC                           |                          |
|                      | PRONOUNCES OR CERTIFIES DEATH  | 09/21/2014                                |  | Too DATE   | SIGNED (MM/DD/YY)                           | 15:40                    |
|                      |  |   |  |  |   |                          |
|                      | 34 ACTUAL OR PRESUMED DATE OF DEATH (MM/   | DD/YY) 35 ACTUA                           | L OR PRESUMED TI                       | ME OF DEATH  | 38 WAS MEDICAL EXA                          |                          |
|                      | September 21, 2014  15.40  CALLSE OF DEATH (See instructions and examples)  Approximate Interval:  |   |  |  |   |                          |
|                      | CAUSE OF DEATH (See instructions and examples)  37. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events  Onset to death  Onset to death  |   |  |  |   |                          |
|                      | 37. PART I. Enter the chain of events - diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vantricular fibriliation without showing the etialogy. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.  |   |  |  |   |                          |
|                      | IMMEDIATE CAUSE (Final HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE   |   |  |  |   | Years                    |
|                      | resulting in death)  Out to (or as a consequence of)   |   |  |  |   |                          |
|                      | Sequentially list conditions, b  If any, leading to the cause  Due to (or as a consequence of):  |   |  |  |   |                          |
| and the same         | listed on line a Enter the UNDERLYING CAUSE C  |   |  |  |   |                          |
| à                    | (disease of injury that indisting the events resulting in death) LAST d  | Due to (or as a consequence of)           | _//                                    |  |   |                          |
| eted                 | in death) LAST d   |   | ************************************** | 120 1446   | AN AUTOPSY PERFORME                         | D? Yes X No              |
| 츁                    | PART II Enter other aignificant conditions contributing given in PART I DIABETES MELLITUS TYPE II  | to death prit not teaning in              | the underlying cal                     |  | E AUTOPSY FINDINGS AV                       |                          |
| Compl                |  |   |  | THE  |   | ☐ Y83 ☐ No               |
| 8                    | 40 DID TOBACCO USE CONTRIBUTE 41 IF FEMALE  TO DEATH?  TO DEATH?  TO Yes D Probably  | vithin past year 🔲 Not pregna             | of but precent with                    | n 42 days of death   | 42 MANNER OF DE                             |                          |
| <u>اع</u>            | Yes Probably Pregnant at tin   |   | 1,100                                  | ays to 1 year before d   |   |                          |
| ļ                    | □ No ☑ Unknown   | Unknown if                                | pregnant within past                   |  |   | ould not be determined   |
|                      | 43. DATE OF INJURY (MM/OD/YY) 44. TIME OF II   | NJURY 45 PLACE OF INJURY                  | (e.g., Decedent's ho                   | me, construction site,   | restaurant, wooded area)                    |                          |
|                      |  |   |  | ·-·  | <u> l</u>                                   | Yes No                   |
|                      | 47 LOCATION OF INJURY; (Street & Number, Api No ; City or Town, State, Zipcode)  |   |  |  |   |                          |
| -                    | 48 DESCRIBE HOW INJURY OCCURRED. 49 JF TRANSPORTATION  |   |  |  |   | NJURY, SPECIFY.          |
|                      | I ⊔ Driver/Operator  |   |  |  | Pedestrian  Other (Specify)                 | Unknown                  |
|                      | Other (Specify)  |   |  |  |   |                          |
| N.                   | The site is a second of the board of the board of the second of the seco |   |  |  |   |                          |
| -7%                  | Centrying physician - to time best or my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  Ly fonouncing & Certifying physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  Medical Examiner/Coroner - 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)  |   |  |  |   |                          |
|                      | and manner stated.   |   |  |  |   |                          |
| - }                  | 30b SIGNATURE OF CERTIFIER   |   |  |  | CAUSE OF DEATH (nom 3'<br>enue Anchorage AK |                          |
| N.                   | 52 LICENSE NUMBER  |   |  | 53 DA  | TE CERTIFIED (MM/DD/YY                      | )                        |
| 75                   | 8262   | ORIGINAL - S                              | IATE COPY                              | 10/  | /24/2014                                    |                          |
| 15                   |  |   |  |  |   |                          |

OF THE SECOND

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

OCTOBER 27, 2014

Dulles I Intellette
State Registrar

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

