



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1420-34-501-006


Recording Requested by:

Donna Metcalf
2771 Fuller Avenue
Minden, NV 89423

Grantee's Address is &
Mail Tax Statements to:

Donna Metcalf
2771 Fuller Avenue
Minden, NV 89423

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

 I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

DONNA METCALF, of legal age, being duly sworn, deposes and says:

1. That STEVE METCALF, the decedent mentioned in the attached certified copy of Certificate of Death, was, until his death, and is the same person as STEVE METCALF, named as one of the parties in that certain deed by and between STEVE METCALF and DONNA METCALF, husband and wife as joint tenants, and recorded on August 29, 1999, in Book 0899 at Page 5183 as Document No. 0475416 of Official Records of Douglas County, State of Nevada, being Assessor's Parcel Number 1420-34-501-006, concerning the real property located at 2771 Fuller Avenue, Minden, Nevada, and specifically described as follows:

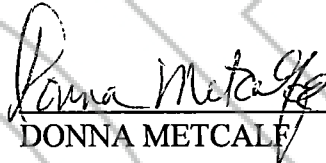
THAT PORTION OF THE NORTHWEST 1/4 OF THE NORTHEAST OF SECTION 34, TOWNSHIP 14 NORTH , RANGE 20 EAST M.D.B. & M., IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: THE WESTERLY 236.77 FEET OF PARCEL 2, OF THAT CERTAIN PARCEL MAP FOR MICHAEL BRAY AND JUDITH BRAY, RECORDED IN BOOK 1098, AT PAGE 1895, AS DOCUMENT NO. 451403, OFFICIAL RECORDS. SAID PARCEL BEING FURTHER SHOWN ON LOT LINE ADJUSTMENT RECORDED APRIL 12, 1999, IN BOOK 499 PAGE 2137, AS DOCUMENT NO. 465505, OFFICIAL RECORDS.

PURSUANT TO NRS 111.312, THE ABOVE LEGAL DESCRIPTION IS THE SAME PROPERTY CONVEYED IN DEED RECORDED AUGUST 29, 1999, AS INSTRUMENT NO. 0475416, IN BOOK 0899, AT PAGE 5183.

APN: 1420-34-501-006

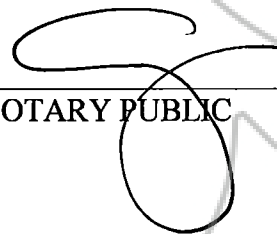
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said STEVE METCALF in and to the real property described herein.

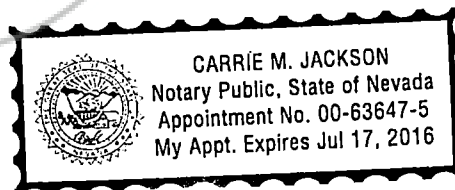
Dated this 12th day of May, 2016.


DONNA METCALF

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

On this 12th day of May, 2016, personally appeared before me, a Notary Public, Donna Metcalf, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3890784

CERTIFICATE OF DEATH

2016007527
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) Steve A METCALF		2. DATE OF DEATH (Mo/Day/Year) April 21, 2016		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 Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 15, 1955					
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Donna INSINGA			
13. SOCIAL SECURITY NUMBER ██████████5111		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Sales		14b. KIND OF BUSINESS OR INDUSTRY Auto Parts	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2771 Fuller Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gene METCALF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Norma CROUCH		
18a. INFORMANT - NAME (Type or Print) Donna METCALF		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2771 Fuller Ave Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) RUTH RHINES 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) RUTH RHINES SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) April 26, 2016		21c. HOUR OF DEATH 04:00		22b. DATE SIGNED (Mo/Day/Yr) April 26, 2016	
22c. HOUR OF DEATH 04:00		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 21, 2016		22e. PRONOUNCED DEAD AT (Hour) 04:00	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701				23b. LICENSE NUMBER 9307	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 26, 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) Complications Of Blunt Force Injuries Of Head And Chest DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____ 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) Yes				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) April 19, 2016		28c. HOUR OF INJURY 2030	
28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall Walking					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Parking Lot		28g. LOCATION STREET OR R.F.D No. CITY OR TOWN STATE 3815 South Carson St Carson City Nevada	

STATE REGISTRAR

VRS-Rev-20120523a

625418

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: 4/29/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

