

RECORDED AT THE REQUEST OF:  
Sullivan Law  
1625 State Route 88, Ste. 401  
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Tax Bills To:  
Same

THIS DOCUMENT CONTAINS A  
SOCIAL SECURITY NUMBER  
AS PERMITTED BY NRS 440.380

AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 029-301-13

M. KATHLEEN LEWIS, also known as KATHLEEN LEWIS and KATHIE LEWIS, being first duly sworn, deposes and says:

1. MICHAEL H. LEWIS died on September 15, 2015, and a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said MICHAEL H. LEWIS was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as follows:

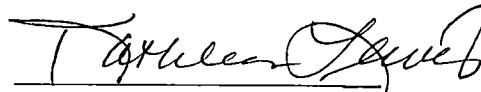
Lot 30, Block C as set forth on FINAL SUBDIVISION MAP NO. 1006-4 for CHICHESTER ESTATES, PHASE 4, filed in the office of the County Recorder of Douglas County Nevada, and recorded December 11, 1997 in Book 1297, Page 2264, as Document No. 428220

and;

LOT 2, BLOCK A, AS SHOWN ON THE MAP OF THE VALLEY SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY STATE OF OF NEVADA, ON JUNE 1, 1082 IN BOOK 682, PAGE 072, AS DOCUMENT NO. 68220.

3. That said joint tenancy was created by a Deed dated October 6, 2006, recorded as document number 0687295 in the Douglas County Recorder's Office; and by Deed dated September 1, 2006, recorded as document number 0684351 in the Douglas County Recorder's Office.

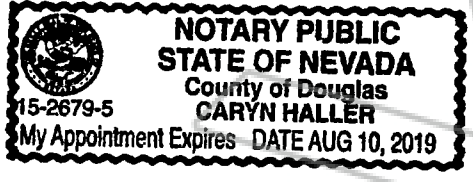
4. That upon the death of MICHAEL H. LEWIS, the Affiant became the sole owner of the above-described property as her sole and separate property.

  
M. KATHLEEN LEWIS

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF DOUGLAS        )

Subscribed and sworn to before me this 1<sup>st</sup> day of March,  
2016, by M. Kathleen Lewis, CH

Caryn Haller  
Notary Public



COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015016063  
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) <b>Michael Howard LEWIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 15, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify)) <b>2865 Cloudburst Canyon Drive Home</b>		4. SEX <b>Male</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>66</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
13. SOCIAL SECURITY NUMBER <b>0620</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>2865 Cloudburst Canyon Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (Maiden name) <b>M. Kathleen CHURCHILL</b>		12. Ever in US Armed Forces? <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Howard Milton LEWIS</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hazel Louise HARDY</b>		18a. INFORMANT - NAME (Type or Print) <b>Kathleen LEWIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO BOX 433 Genoa, Nevada 89411</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>DINA TACK M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>September 17, 2015</b>		21c. HOUR OF DEATH <b>23:45</b>	
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) <b>DINA TACK M.D. 1535 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>13333</b>		24a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 21, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Pancreatic Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>building, etc. (Specify)</b>		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

595768 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: 9/21/2015

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

STATE REGISTRAR  
*Rhonda Pena*  
SIGNATURE AUTHENTICATED

