

APN# : 1420-07-212-003

DOUGLAS COUNTY, NV

2016-888080

Rec:\$17.00

\$17.00 Pgs=4

09/23/2016 03:55 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 083105-TEA

When Recorded Mail To:

Debbie A. Alltizer

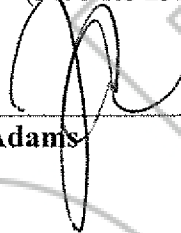
1108 San Marcos Circle

Minden NV 89423

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature



Traci Adams

Escrow Officer

DEATH OF GRANTOR AFFIDAVIT

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

DEATH OF GRANTOR AFFIDAVIT

Debbie Anne Alltizer, being duly sworn, deposes and says that Doris Bertolini, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Doris Bertolini, an unmarried woman, named as the grantor or as one of the grantors in the deed upon death recorded on May 19, 2016, as document no. 2016-881029, records of Douglas County, Nevada, covering the real property commonly known as 3542 Grand View Court, Carson City, County of Carson City State of Nevada, more particularly described as:

Lot H-16 in Block H, as shown on the Final Map #97-1007-5 of VALLEY VISTA ESTATES, PHASE 4, recorded in the office of the Douglas County Recorder, State of Nevada on July 28, 2000 in Book 700, Page 4819 as Document No. 496654, Official Records.

Debbie Anne Alltizer is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Doris Bertolini, or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are, Dewey Michael Bertolini, Diana Louise Elizondo and Debbie Anne Alltizer, as tenants in common

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

Debbie Anne Alltizer

Debbie Anne Alltizer

State of Nevada }
County of Carson City } ss.

Subscribed and sworn to on this 21 day of September, in the year 2016, before me, Bridget M. Paynter, by Debbie Anne Alltizer.
On this 21 day of Sep, in the year 2016 before me, Bridget M. Paynter (here insert name of notary public), personally appeared Debbie Anne Alltizer (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

Bridget M. Paynter (Signature of Notary Public)
NOTARY SEAL



CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3905853

CERTIFICATE OF DEATH

2016013354
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Doris K BERTOLINI		2. DATE OF DEATH (Mo/Day/Year) July 23, 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 or Inpatient)(Specify) Sierra Place Retirement Community Residential Care Facility		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 7181		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary)		14b. KIND OF BUSINESS OR INDUSTRY Medical	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
POSITION	15d. STREET AND NUMBER 3542 Grand View Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Michael MALOUF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nazeera		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Debbie ALLTIZER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1108 San Marcos Cir, Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ M.D.		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) July 27, 2016		21c. HOUR OF DEATH 13:40		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St Carson City, NV 89703		23b. LICENSE NUMBER 9114		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 28, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cholangiocarcinoma With Metastasis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED		28f. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		

STATE REGISTRAR

000637947



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:

8/1/2016

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120525a

