

APN# : 1220-04-514-007

083569-AccomTEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

Gwendolyn Davis

1378 Antares Ave

Gardnerville, NV 89410

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 Gwendolyn Davis

Gwendolyn Davis

Owner

**This document is being
recorded as an
accommodation only.**

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

Gwendolyn Davis, of legal age, being first duly sworn, deposes and says:

That Edwin H. Davis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Edwin H. Davis named as one of the parties in that certain Deed dated 11/6/1972 executed by James Lee Construction Co, Inc., a Nevada corporation to Edwin H. Davis and Gwen Davis, husband and wife as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 63076, on 12/18/1972, in Book 1272, Page 27, 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 77, of Final Map of CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 22, 1972, in Book 98 of Official Records, Page 1, as Document No. 58312.

Dated 10/4/16

Gwendolyn Davis
Gwendolyn Davis
Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF DOUGLAS _____

This instrument was acknowledged before me on

10/4/16

by Gwendolyn Davis.



[Signature]
Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 3885188

2016005508
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) Edwin H DAVIS		2. DATE OF DEATH (Mo/Day/Year) March 20, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and apt. no.) 1378 Antares Ave		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE White_Minor/Maidu		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 03, 1930		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gwen HUTTON	
13. SOCIAL SECURITY NUMBER 3020		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Custodian		14b. KIND OF BUSINESS OR INDUSTRY Washoe County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1378 Antares Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter DAVIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Melba CUSTIS		
18a. INFORMANT-NAME (Type or Print) Theresa MILLER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1378 Antares Ave Gardnerville, Nevada 89410		
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) JUDITH E ROSSO 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)		
21b. DATE SIGNED (Mo/Day/Yr) March 29, 2016		21c. HOUR OF DEATH 23:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Judith E Rosso 1520 Virginia Ranch Rd Gardnerville NV 89410			
23b. LICENSE NUMBER DO750		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 30, 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) Respiratory Arrest				Interval between onset and death Days	
(b) DUE TO, OR AS A CONSEQUENCE OF: Recent Pneumonia				Interval between onset and death Days	
(c) DUE TO, OR AS A CONSEQUENCE OF: Chronic Obstructive Pulmonary Disease				Interval between onset and death Years	
(d) DUE TO, OR AS A CONSEQUENCE OF: Former Smoker				Interval between onset and death Years	
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) 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

VR5-Rev-20120523a

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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: 3/31/2016

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

Cody P. Prineas
STATE REGISTRAR
SIGNATURE AUTHENTICATED

