

17-

APN# 1022-29-411-002 AND 044

Recording Requested by/Mail to:

Name: WALTER DUPUIS

Address: 4313 KYLE DR.

City/State/Zip: WELLINGTON, NV 89444

Mail Tax Statements to:

Name: WALTER DUPUIS

Address: 4313 KYLE DR.

City/State/Zip: WELLINGTON, NV 89444



KAREN ELLISON, RECORDER

AFFIDAVIT-DEATH OF JOINT TENANT

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Walter Dupuis  
Signature

WALTER DUPUIS  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_

APN: 1022-29-411-002 and 044

RECORDING REQUESTED BY:

Walter Dupuis  
4313 Kyle Dr  
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Walter Dupuis  
4313 Kyle Dr  
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

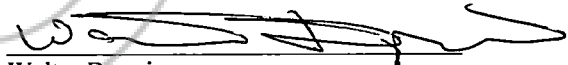
STATE OF NEVADA )  
 ) ss:  
COUNTY OF DOUGLAS )

Walter Dupuis, being 18 years or over, being first duly sworn, deposes and says:

The decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as LARRY DUPUIS and JOSEPHINE DUPUIS named as two of the parties in that certain Grant Deed dated April 24, 2003, executed by Walter Dupuis, a single man, to Walter Dupuis, a single man (surviving tenant), and Larry Dupuis and Josephine Dupuis, husband and wife, all as joint tenants, and recorded on April 28, 2003, in Book 0403, at Page 12953, Document No. 0574760 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lots 19, 60, and 61 as shown on the Amended Map of TOPAZ LODGE SUBDIVISION, FIRST AND SECOND SECTIONS, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 16, 1958, under File No. 13594.

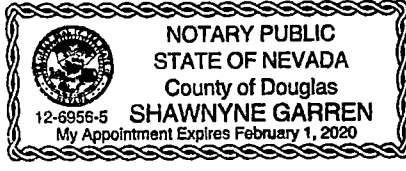
Dated: 11-3-16

  
Walter Dupuis

State of Nevada )  
 ) ss.  
County of Douglas )

Subscribed and sworn to (or affirmed) before me on this 3 day of November, 2016, by Walter Dupuis, proved to me on the basis of satisfactory evidence to be the person who appears before me.

  
Notary Public



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

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

**CERTIFICATE OF DEATH**

**2014007338**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Larry Monroe DUPUIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 30, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>4313 Kyle Dr</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
DECEDENT	5 RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 23, 1930</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>9</b>	
	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (if wife, give maiden name) <b>Josephine GEIMER</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>0455</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Carpenter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
DISPOSITION	15d. STREET AND NUMBER <b>4313 Kyle Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Samuel DUPUIS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eve VICKREY</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Walter DUPUIS</b>		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>4313 Kyle Dr Wellington, Nevada 89444</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Hillcrest Cemetery</b>		19c. LOCATION City or Town State <b>Wellington Nevada 89444</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
	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) <b>CARL FERNAND JUNEAU M.D.</b> 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) <b>May 07, 2014</b>		21c. HOUR OF DEATH <b>07:50</b>		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)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Carl Fernand Juneau M.D. 2874 N. Carson Street Carson City, NV 897061681</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>8494</b>		24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 08, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
	PART I					
STATE REGISTRAR	(a) <b>Sudden Cardiac Death, Unknown Etiology</b>				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Atrial Flutter, Chronic</b>				Interval between onset and death <b>3 Years</b>	
	(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Permanent Pacemaker</b>				Interval between onset and death <b>12 Years</b>	
	(d) DUE TO, OR AS A CONSEQUENCE OF: <b>Hypertension</b>				Interval between onset and death <b>10 Years</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				28. AUTOPSY (Specify Yes or No) <b>No</b>		
26a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)				
26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		26g. LOCATION		26h. STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

528805

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.

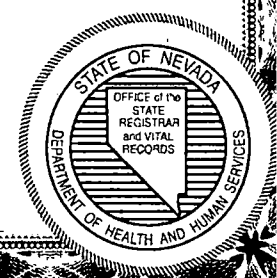
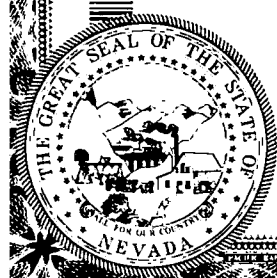
DATE ISSUED:

05/15/2014

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

STATE REGISTRAR  
*R. J. White*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

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

CASE FILE NO. 3894109

**CERTIFICATE OF DEATH**

**2016008841**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Josephine DUPUIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 12, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) <b>Carson Tahoe Regional Medical Center Inpatient</b>		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>Inpatient</b>		
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>		
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 06, 1932</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		
	13. SOCIAL SECURITY NUMBER <b>-3817</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>		
	15d. STREET AND NUMBER <b>4313 Kyle Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>				
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joe GIMMER</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clementina ZPOTA</b>				
	18a. INFORMANT- NAME (Type or Print) <b>Walter DUPUIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4313 Kyle Drive Wellington, Nevada 89444</b>				
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Hillcrest Cemetery</b>		19c. LOCATION City or Town State <b>Smith Nevada 89430</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GERALD HITCHCOCK</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>814</b>		20c. NAME AND ADDRESS OF FACILITY <b>Freitas Ruprecht Funeral Home</b> <b>PO BOX 1271 Yerington NV 89447</b>		
CERTIFIER	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>JOSE AGUIRRE M.D.</b> 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) <b>May 17, 2016</b>		21c. HOUR OF DEATH <b>04:50</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11479</b>				
	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 17, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death				
	(b) <b>Severe Sepsis With Shock</b>		Interval between onset and death				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) <b>Ischemic Gut</b>		Interval between onset and death				
	(d) <b>Multiorgan Failure</b>		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Acute Hypoxic Respiratory Failure; Renal Failure; Shock Liver; Unknown Etiology</b>					26. AUTOPSY (Specify Yes or No) <b>No</b>		
28a. ACC., SUICIDE, HOM., 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

629925

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:

6/1/2016

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

*Cody Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

