

DOUGLAS COUNTY, NV

**2016-892366**

Rec:\$21.00

\$21.00 Pgs=8

12/20/2016 01:36 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN# : 1320-29-110-006

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Nina M. Arbour

430 Rager Road

Sebastopol, CA 95472

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

  
Traci Adams

Escrow Officer

THIS DOCUMENT HAS BEEN EXECUTED IN COUNTERPART

**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

Nina M. Arbour, Therese V. Arbour, Matthew B. Arbour and Danielle C. Ledesma, of legal age, being first duly sworn, deposes and says:

That Veleene M. Arbour, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Veleene M. Arbour named as one of the parties in that certain Corporation Grant, Bargain, Sale Deed dated 03/31/2000 executed by Western Nevada Properties, Inc., a Nevada corporation to Paul E. Arbour, Sr. and Veleene M. Arbour, husband and wife as community property with right of survivorship, recorded as instrument No. 0489655, on 04/10/2000, in Book 0400, Page 1440, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 423, In Block C, as shown on the Official Plat of WINHAVEN, UNIT NO. 8, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997, in Book 997 of Official Records, at Page 2125, as Document No. 241412.

Dated

12-12-2016

Nina M. Arbour  
Nina M. Arbour

EXECUTED IN COUNTERPART  
Therese V. Arbour

EXECUTED IN COUNTERPART  
Matthew B. Arbour

EXECUTED IN COUNTERPART  
Danielle C. Ledesma

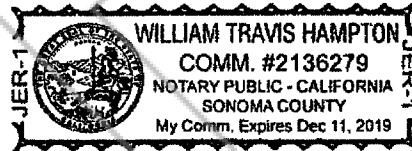
STATE OF California }s

COUNTY OF Sonoma

This instrument was acknowledged before me on

12 December 2016

By Nina M. Arbour



William Travis Hampton

William Travis Hampton  
Notary Public

STATE OF \_\_\_\_\_ }s

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on

\_\_\_\_\_

By Therese V. Arbour

\_\_\_\_\_

Notary Public

EXECUTED IN COUNTERPART

Nina M. Arbour

Therese V. Arbour  
Therese V. Arbour

Matthew B. Arbour  
Matthew B. Arbour

EXECUTED IN COUNTERPART

Danielle C. Ledesma

STATE OF \_\_\_\_\_ }s

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on

\_\_\_\_\_

By Nina M. Arbour

\_\_\_\_\_  
Notary Public

STATE OF Utah }s

COUNTY OF Salt Lake

This instrument was acknowledged before me on

Therese V. Arbour

By Therese V. Arbour

W \_\_\_\_\_  
Notary Public



NOTARY PUBLIC  
MAURICIO CAMPOS  
886410  
COMMISSION EXPIRES  
DECEMBER 16, 2019  
STATE OF UTAH

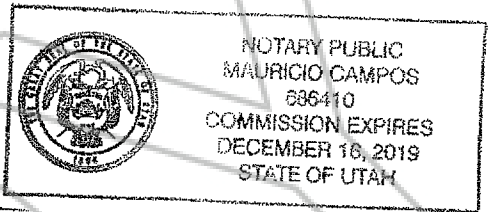
STATE OF Utah \_\_\_\_\_ }s

COUNTY OF Salt Lake \_\_\_\_\_

This instrument was acknowledged before me on

Matthew B. Arbour \_\_\_\_\_

By Matthew B. Arbour



W [Signature] \_\_\_\_\_  
Notary Public

STATE OF \_\_\_\_\_ }s

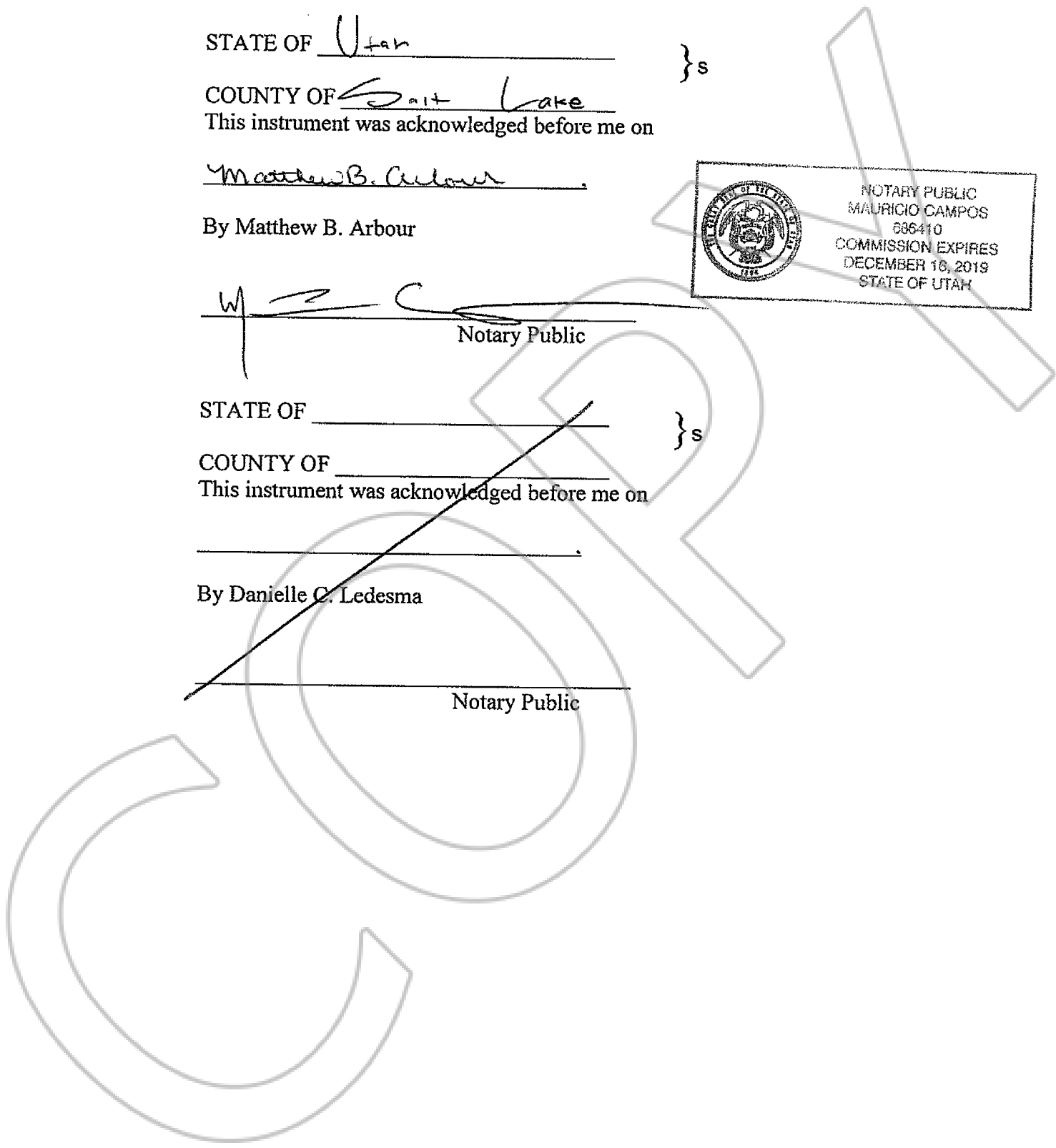
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on

\_\_\_\_\_

By Danielle C. Ledesma

[Signature] \_\_\_\_\_  
Notary Public



EXECUTED IN COUNTERPART

Nina M. Arbour

EXECUTED IN COUNTERPART

Therese V. Arbour

EXECUTED IN COUNTERPART

Matthew B. Arbour

*Danielle C. Ledesma*

Danielle C. Ledesma

STATE OF \_\_\_\_\_ }s

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on

\_\_\_\_\_

By Nina M. Arbour

\_\_\_\_\_

Notary Public

STATE OF \_\_\_\_\_ }s

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on

\_\_\_\_\_

By Therese V. Arbour

\_\_\_\_\_

Notary Public

STATE OF \_\_\_\_\_ }s

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on

\_\_\_\_\_

By Matthew B. Arbour

\_\_\_\_\_

Notary Public

STATE OF California }s

COUNTY OF Orange

This instrument was acknowledged before me on

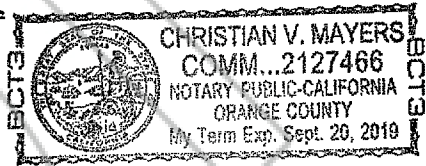
December 12th, 2016

By Danielle C. Ledesma

*[Signature]*

\_\_\_\_\_

Notary Public



# CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2012006695

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  DECEASED  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>Velesene M ARBOUR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 21, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1788 Lantana Dr.</b>		3d. If Hosp. or Inst. Indicate DOA, DP/Emer. Rm. Inpatient(Specify) <b>Home</b>		
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR MOSE   DAYS   HOURS   MINS	
7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 04, 1927</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Paul ARBOUR</b>		13. SOCIAL SECURITY NUMBER <b>8101</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		14c. Ever in US Armed Forces? <b>No</b>		15a. RESIDENCE - STATE <b>Nevada</b>	
15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1788 Lantana Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Nina ARBOUR</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Velma WASHBURN</b>			
18a. INFORMANT-NAME (Type or Print) <b>Nina ARBOUR</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>430 Ragle Rd. Sebastopol, California 95472</b>					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89708</b>			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOSH FAULKNER</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>775</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>			
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) <b>NITA SANDHU SCHWARTZ M.D.</b> <i>SIGNATURE AUTHENTICATED</i>				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>April 25, 2012</b>		21c. HOUR OF DEATH <b>09:30</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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>Nita Sandhu Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>						23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 28, 2012</b>		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) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></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 I. <b>Dementia, Aspiration Pneumonia, Pancreatitis</b>						26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>							
28a. ACC. SUICIDE, HOMICIDE, 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

VR6-Rev-20110325

434435

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: 05/09/2012

*Rnd White*  
**SIGNATURE AUTHENTICATED**

