

APN # 1420-34-102-024

Escrow # 00224216 --COM

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return to:  
**Bette Grider**  
6495 Jason Court  
Winnemucca, NV 89445

Mail Tax Statements to:  
Michael Coughlin and Bethany F. Coughlin  
2793 Gordon Avenue  
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

**Affidavit – Death of Joint Tenant**

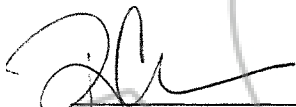
(Title of Document)

**Please complete Affirmation Statement below:**

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)

**-OR-**

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 as required by law: NRS 239B.030 (state specific law).



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

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Escrow No. 00224216 - 001 -

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Winnemucca, NV 89445

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**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA } ss:  
COUNTY OF DOUGLAS

Bette Grider, of legal age, being duly sworn, deposes and says

That Dennis Pat Grider the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Dennis P. Grider named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 22, 2002 executed by Stewart Title Company to Dennis P. Grider and Bette Grider as joint tenants, recorded as Instrument No. 0538100, on March 27, 2002 in Book 0302 Page 0346 of Official Records of Douglas County County, Nevada, covering the following described property.

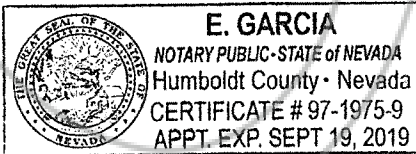
Parcel 1D, of Parcel Map LDA #05-086 for Dennis P. & Bette Grider, filed for record in the Official Records of Douglas County, State of Nevada, on March 26, 2007, in Book 0307, Page 8087, as File No. 697749.

Dated: 12/7/16

Bette Grider  
Bette Grider

SUBSCRIBED AND SWORN TO before me on this 7 day of December 2016

E. Garcia  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

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

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

CASE FILE NO. 3918322

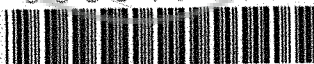
**CERTIFICATE OF DEATH**

2016020304  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Dennis Pat GRIDER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 02, 2016</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 address) <b>2793 Gordon Ave</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>66</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 DAY <b>MIN</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Bette Lee HASBROOK</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>████████-6421</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>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2793 Gordon Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lloyd GRIDER</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Delores MUSGROVE</b>		18a. INFORMANT - NAME (Type or Print) <b>Bette GRIDER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2793 Gordon Ave Minden, Nevada 89423</b>	
TRADE CALL	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 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</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>DANIEL J COVERLEY</b>		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) <b>DANIEL J COVERLEY</b>			
	21b. DATE SIGNED (Mo/Day/Yr) <b>November 09, 2016</b>		21c. HOUR OF DEATH <b>11:09</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>November 09, 2016</b>	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>11:09</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 02, 2016</b>	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Daniel J Coverley P.O. Box 218 Minden, NV 89423</b>		23b. LICENSE NUMBER			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 10, 2016</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>Cardiovascular Disease</b>		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(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 1. <b>Arteriosclerotic And Hypertensive Cardiovascular Disease</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, 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

000649446



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: 11/14/2016

*Cody J. Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

