DOUGLAS COUNTY, NV Rec:\$16.00

2017-902391 08/07/2017 12:44 PM

Total:\$16.00

Pas=3

KAREN GALLAGHER

KAREN ELLISON, RECORDER



APN: 1022-29-310-016 Return document to: Karen Gallagher 1929 Churchill St Gardnerville, NV 89410

Mail tax statements to: Karen Gallagher 1929 Churchill St Gardnerville NV 89410

| STATE OF Nevada |) |
|-------------------|---|
| COUNTY OF Douglas | |

AFFIDAVIT OF DEATH OF JOINT TENANT

Under NRS 111.365

THE AFFIANT, Karen L. Gallagher , being first duly sworn, deposes and states that:

- 1. The affiant is of legal age for the state of Nevada.
- 2. That Velma J. Giese , the decedent mentioned in the attached certified Certificate of Death, who died July 10, 2007 in Westminster, California , is the same person as Velma Giese
- 3. That the affiant and the decedent were both grantees in that certain deed dated November 25, 2005, recorded December 09, 2005, as document or file number 00662684 , book at page 3404 , records of Douglas 1205 County, Nevada, and executed by the grantor, James A Giese and Velma J Giese WATA James Giese and Velma Giese to the grantee(s), Karen L Gallagher, James A Giese and Velma J Giese as Joint Tenants , covering the real property commonly known as 1929 Churchill Street , City of Gardnerville , County of Douglas , State of Nevada, more particularly described as: Lot 137, as set forth on the map of Topaz Subdivision, filed in the Office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, as document No. 9774.

4. That the relationship between the affiant and the decedent was that of: Parent - Child

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

day of

, 20

IN WITNESS WHEREOF, I set my hand this

| Tarent Tallacus |
|--|
| Affiant () |
| Karen L. Gallagher |
| Print name |
| |
| Construe all terms with the appropriate gender and quantity |
| required by the sense of this instrument. |
| |
| Subscribed and sworn to on this 7th day of August, in the year |
| |
| by Karin L GAllagier |
| Laren stage |
| Notary Public |
| Karan Stage |
| Print name |
| My commission expires: $01/20/2020$ |



COUNTY OF ORANGE

CLERK-RECORDER

| | CERTIFICATE OF DEATH STATE FILE NAMES USE BLACKING ONLY YING BRAIL RES. WAITOUTS OR AUTOMIONS STATE FILE NAMES STATE OF AUTOMION STATES OF AUTOMIONS STATES OF AUTOMION ON AUTOMIONS STATES OF AUTOMIONS STATE | | | | | | | | | | 3200730009074 | | | | | | | | |
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| <u>Ş</u> | B BRITH STATE FOR | B BRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NU | | | JAMER | | | RUED FO | RCES7 | 12. MARS | AL STATU | 3 (al Tirse di Deal?) | 7. DATE | OF DEATH mm | tddacyy 1 | . HOUR | (24 Hours) | | |
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| 동 | 13 EDUCATION — Horse (see worksheet on | | | | | n back) 16. DECEDENT'S RACE — Up to 3 races may i | | | | | be Retad (see worksheet on back) | | | | | | | | |
| DECEDENT'S PERSONAL | SOME CO | | YES | | | | 40 up 40 4 | | | WHIT | | | | | | | | | |
| = | | | f work for most of life. O | O NOT USE | RETIRED | | _ | | | DUSTRY (6 | g., procesy | store, read constr | uction, em | employment agency, etc.) 18. YEARS IN OCCUPATIO | | | | | |
| | HOMEMAKER OWN HOME 20 DECEDENTS RESIDENCE (Sines and number or location) | | | | | | | | | | | | - | 23 | in the second | | | | |
| USUAL Residence | 8681 PALOS VERDES AVE | | | | | | | | | | | | | | | | | | |
| | | | | UNTYPROVINCE | | | 23. ZIP CODE 24. YEARS IN COUNT | | | | YTY. | 25 STATE/FOREIGH COUNTRY | | | | | | | |
| , E | WESTMIN | | | ORA | ANGE | | | | 9268 | | - 1 | 52 | | CA | | | | | |
| MFOR- | 26 INFORMANT'S NAME, RELATIONSHIP | | | | | 27, INFORM 86.9.1 | | | | S VE | RESS (Sine | AVE WE | And rock | TMINSTER, CA 92683 | | | | | |
| - | JAMES GI | | | | I an comme | | | | | | | | | | UN 320 | | | | |
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| | 35. NAME OF MOTHE | R — FIRST | | - | SS. MIDOU | ŧ | i | | | 37. LAST (Maisen) | | | | | | | SA BIRTH STATE | | |
| <u>8</u> | ZIRVA | | | | <u>-</u> | | | | | RIC | | | C. | | H | S | - \ | | |
| 28 | 39. DISPOSITION DA 07/16/2007 | - | | NAL DISPOS | TION RE | ES: JA | MES | GIES | SE HI | JSBA | ND ND | . / | | | | Λ. | | | |
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| 25 | CREMATION | ON CAF | ₹E | | | FD1 | 700 | , | ERI | C G. + | ANDL | ER, M.D | . % | ୍ 🍪 | | 12/20 | - 10 | | |
| | 101. PLACE OF DEATH 102. IF HOSPITAL, SPECIFY ONE 103. IF OTHER THAN HOSPITAL, SPECIFY ONE | | | | | | | | | | | | _/_ | | | | | | |
| E OF | RESIDENCE DOWN X HOUSES ON LOCATION WHERE FOUND (Street and number or location) | | | | | | | | | | | Nursing Homes | тс Ц | one one | Other | | | | |
| PLACE OF DEATH | ORANGE | | 8681 P | | | | | arees and r | INVESTIGATION OF I | ocamon) | | 7 | N | 1001 0111 1 | MINSTE | R/ | ļ. | | |
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| | (Final disaster) | | | | | | | | | | MINS 07-02867-NC | | | ν̈́C | | | | | |
| | to commit | | | | | | | | (81) | | | 100, BIOPSY PERFORMEDS | | | | | | | |
| Æ | Securitary, fat conditions, if any, inside the cause on line A. Enter on L | | | | | | | | | | | | | DAYS | | YES X NO | | | |
| 25 | ON LINE CARCIN | | | | | OID | | | | | 75 | | ٦. | YEARS |)F31 FER 18 | X | | | |
| AUSE OF DEATH | Injury that | | | | | / | | | | | | V. | -34 | ומו | IN DETERMINIS CAUSE? | | | | |
| 3 | resulting in death) LAST | | | | | | | | | | | N | | ☐ YES ☐ M | | | | | |
| | 112 OTHER SIGNIFIC NONE | CANT COMDIT | HONS CONTRIBUTING | B KTASO OT | UT NOT RES | ULTING IN | THE UNE | ERLYNG | CAUSE GI | VEN IN 107 | | 7 | | 1 | | | 7 | | |
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| _ | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN TITEM 107 OR 1127 (If you, but type of operation and class.) NONE | | | | | | | | | | ١. | TIZA IF FEXALE, PRESMAIT DILAST YEAR? YES X NO UNK | | | | | | | |
| | IN I CONTRY THAT TO THE BEST OF MY INDIVIDUOE DEATH OLOGINED AT THE HOUR CATE, AND PLACE STATED FROM THE CAUSES STATED. 113. SUNNITURE AND TITLE OF CERTIFIER F. CO. | | | | | | | | | | àт | 116 UCENSE HUMBER 117, DATE MINOUVERY | | | | | | | |
| PHYSICIANS | AT THE HOUR, DATE, AN Decedent Attended | | Decedent Last Seen | | SYED | SALM | AAN . | JAFA | NAQ | VI M.E |) . | Ę | 9 | A50613 | امما | 40.00 | | | |
| žĘ. | (A) Michigal/acyy | ; " | 70. | 70 10 | S. TYPE ATT | ENDING P | HYBICIAN | S NAME, | MAILING A | DORESS, 2 | P COOE | SYED SA | LMA | N JAFA N | VAQVI N | A.D. | | | |
| <u> </u> | | | | | | | | | | | | | | | | | | | |
| 1 | MANNER OF DEATH | | | Homidde | SURCES | | inding | "A"ES | Could not I | <u></u> | YES | NO I | LNK | 121, DUJURY DATI | E remAtchacyy | 122. HOU | R (24 Hours) | | |
| / s | 123 PLACE OF PLIARY (a.g., home, construction sits, second area sec.) | | | | | | | | | | | | | | | | | | |
| USE ONLY | | | | | | | | | | | | | | | | | | | |
| SS | 114, DESCRIBE NOW MAJRY OCCURRED (Evers which resulted in Injury) | | | | | | | | | | | | | | | | | | |
| CORONERS | | | | | | | | | | | | | | | | | | | |
| S | 125 LOCATION OF PULRY (Street and number, or location, and only, and 20P) | | | | | | | | | | | | | | | | | | |
| 1 | 128. SIGNATURE OF CORONER/ DEPUTY CORONER 127. DATE minisproy 128. Type NAME, TITLE OF CORONER/ DEPUTY CORONER | | | | | | | | | | | | | | | | | | |
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| REGIS | IRAK | Ь. | | | | | 1% | | *01 | 2007000 | 45438* | | | | | l | | | |

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CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

DATE ISSUED

DEC 2 2 2016



Hugh Nguyen
COUNTY CLEBY, BEAGGE

