

APN#: 1022-14-001-005

Recording Requested By:

Western Title Company

When Recorded Mail To:

Janet K Bean

1315 Topaz Ranch Rd.
Wellington NV 89414

Mail Tax Statements to: (deeds only)

Same as above

(space above for Recorder's use only)

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

Amy Neufeld
Amy Neufeld

Escrow Assistant

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

Janet K. Bean, formerly Janet K. Bundy, of legal age, being first duly sworn, deposes and says:

That Lyle W. Bundy, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lyle W. Bundy named as one of the parties in that certain Grant, Bargain and Sale Deed dated 04/13/1998 executed by Karyll J. Savage and Denise E. Munkvoid to Lyle W. Bundy and Janet K Bundy, husband and wife as joint tenants, recorded as instrument No. 0437275, on 04/14/1998, in Book 0498, Page 2513, 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 15, in Block A, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

Dated Janet K. B 12-05-17

Janet K. Bean
Janet K. Bean, Surviving Joint Tenant

STATE OF NEVADA)SS

COUNTY OF Douglas

This instrument was acknowledged before me on _____

by December 5, 2017 by Janet K Bean
AKA Janet K Bundy

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011011331

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Lyle Wilber BUNDY		2. DATE OF DEATH (Mo/Day/Year) July 12, 2011		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Bodines Casino		3a. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Casino	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 18, 1935	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Janet SCHRIENER			
PARENTS	13. SOCIAL SECURITY NUMBER 3399		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Finish Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 1421 Eagle Mountain Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilber BUNDY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Zeda TYNER		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Janet BUNDY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1421 Eagle Mountain Rd Wellington, Nevada 89444			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	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) <i>SIGNATURE AUTHENTICATED</i> J P FINNESON MD		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) July 19, 2011		21c. HOUR OF DEATH 13:38		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Physician J P FINNESON MD 925 Ironwood Dr Ste 2102 Minden, NV 89423				23b. LICENSE NUMBER 26837CO	
	24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	PART I. (a) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
(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.				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE				
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

396259

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:

07/26/2011

Rick Noel
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev. 20110104

