

35

Document Transfer Tax \$0  
Assessor's Parcel No. 1319-09-602-028



KAREN ELLISON, RECORDER

WHEN RECORDED AND  
MAIL TAX STATEMENTS TO:

Harold Lee Bird  
P.O. Box 726  
Genoa, NV 89411

The grantor declares:  
Documentary transfer tax is \$ -0-  
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF JOINT TENANT

HAROLD LEE BIRD, of legal age, being first duly sworn, deposes and says:

That DEBORAH ANDERSON BIRD, also known as DEBORAH A. BIRD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as a party in that certain Grant, Bargain and Sale Deed dated March 12, 2013, executed by David Carl Irmer, Executor for the Estate of Nancy M. Irmer to Harold Lee Bird and Deborah Anderson Bird, Husband and Wife, as joint tenants.

The original Grant, Bargain, Sale Deed aforementioned is recorded on May 8, 2013, as Document No.823168 at Book 513, Page 1940-1941 in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

LOTS 31, 32, 33, 60, 61 AND 62, IN BLOCK 11, OF THE TOWN OF GENOA, COUNTY OF DOUGLAS, STATE OF NEVADA, AS PER MAP OF GENOA TOWNSITE MADE IN 1984, ON FILE IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, AS DOCUMENT NO, 1000.

Dated: 1/11/18

  
\_\_\_\_\_  
HAROLD LEE BIRD

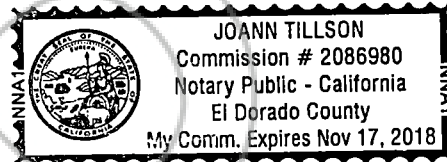
JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA  
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 17<sup>th</sup> day of January  
2018, by HAROLD LEE BIRD, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Joann Tillson



AFFIDAVIT - DEATH OF JOINT TENANT  
APN: 1319-09-602-028

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

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

2014019853  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Deborah Andersen BIRD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 01, 2014</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 number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>64</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 26, 1950</b>	
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Harold BIRD</b>		13. SOCIAL SECURITY NUMBER <b>██████████-7446</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Rn</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Health Care</b>		15. 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>Genoa</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2340 Main St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Richard ANDERSEN</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Constance LYONS</b>		18a. INFORMANT - NAME (Type or Print) <b>Harold BIRD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 726 Genoa, Nevada 89411</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>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> 1281 N Roop Carson City NV 89706	
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>DWARAKANATH VUPPALAPATI MD</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>December 03, 2014</b>		21c. HOUR OF DEATH <b>20:42</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		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>DWARAKANATH VUPPALAPATI MD 1080 N Minnesota St Carson City, NV 89703</b>			
CAUSE OF DEATH	23b. LICENSE NUMBER <b>10804</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 04, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
	(a) <b>Dementia Alzheimers Type with Behaviors</b>		Interval between onset and death			
(b) <b>Failure to Thrive</b>		Interval between onset and death				
(c) <b>Unknown Etiology</b>		Interval between onset and death				
(d)		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.		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.		28h. CITY OR TOWN STATE		

STATE REGISTRAR

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: 12/05/2014

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a