

DOUGLAS COUNTY, NV

2018-911627

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\$35.00

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03/15/2018 12:46 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

**Eleanor L. Rice**  
**1331 Granborough Drive**  
**Gardnerville, NV 89410**

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1800409-RLT  
APN No.: 1320-33-715-018

## AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

Eleanor L. Rice, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Fred W Rice, the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Fred W Rice named as one of the Grantees in that certain Deed from West Ridge Homes, Inc. a Nevada Corporation to Fred W rice and Eleanor L Rice, Husband and Wife, as joint tenants recorded in Book 0701 as Instrument No. 519400, on 7/27/2001 of Official Records of Douglas County, Nevada, covering the following described property.

**SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF**

Dated: \_\_\_\_\_

2/19/18

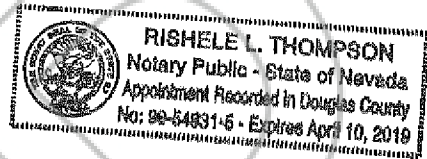
*Eleanor L. Rice by Jennifer L. Pitt as her attorney in fact*  
*Eleanor L. Rice by Adrienne Onumom as her attorney in fact*  
Eleanor L. Rice

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 2/19/18  
by Jennifer L. Pitt and Adrienne Onumom as attorney in fact for  
Eleanor L. Rice  
*[Signature]*

NOTARY PUBLIC



*COPIES*

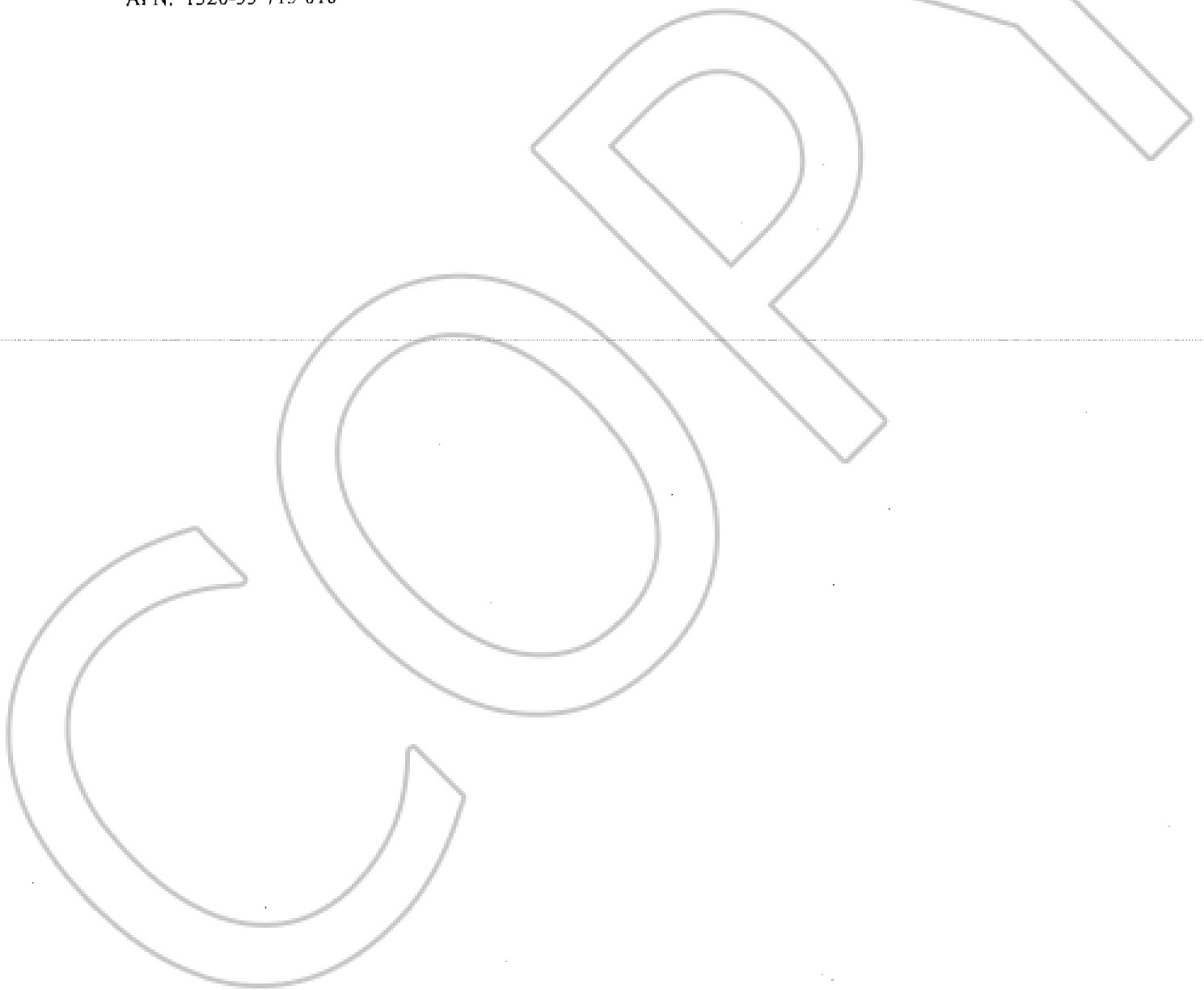
Escrow No.01800409 RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

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

Lot 26, in Block H, as shown on the final subdivision map #1006-7 of CHICHESTER ESTATES PHASE 7, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 13, 2000, in Book 1000, Page 2398, as Document No. 501336.

APN: 1320-33-715-018



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

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

CASE FILE NO. 4004236

**CERTIFICATE OF DEATH**

2018003149  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

**DECEDENT**

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>Fred Warren RICE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 11, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>1331 Granborough Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>March 28, 1935</b>	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. Hispanic Origin? Specify No - Non-Hispanic		9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</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>Eleanor Lee DRASS</b>	
13. SOCIAL SECURITY NUMBER <b>██████-1105</b>		14a. USUAL OCCUPATION (Give kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing (product Not Specified)</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1331 Granborough Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold RICE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Selma Virginia DUNN</b>		
18a. INFORMANT-NAME (Type or Print) <b>Eleanor RICE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1331 Granborough Dr Gardnerville, Nevada 89410</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 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</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>REED DOFF 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>February 16, 2018</b>		21c. HOUR OF DEATH <b>11:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Reed Doff MD 907 Mountain Street Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 16, 2018</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					
<b>Terminal Complications Of Chronic Diastolic Congestive Heart Failure</b>					
(a) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
<b>Atherosclerotic Cardiovascular Disease</b>				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 I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

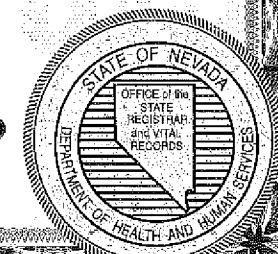
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital-Records.

DATE ISSUED:

**FEB 23 2018**

*[Signature]*

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE