

DOUGLAS COUNTY, NV

2018-912903

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04/13/2018 03:08 PM

ETRCO

KAREN ELLISON, RECORDER

APN# : 1220-04-111-043

Recording Requested By:

Western Title Company

When Recorded Mail To:

Claudette M. Springmeyer

Douglas County Appointed

Public Administrator of

The Estate of Alice Lamb

P.O. Box 1676

Gardnerville, NV 89410

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) & 20.525 (5))

Signature

Traci Adams

Escrow Officer

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

Claudette M. Springmeyer Douglas County Appointed Public Administrator of The Estate of Alice Lamb, of legal age, being first duly sworn, deposes and says:

That Lawrence W. Lamb, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lawrence W. Lamb named as one of the parties in that certain Grant, Bargain and Sale Deed dated 8/24/1977 executed by Thomas D. Arvans and Betty M. Arvans to Lawrence W. Lamb and Alice Lamb, husband and wife, as joint tenants as joint tenants, recorded as instrument No. 13339, on 9/23/1977, in Book977, Page 1497, 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 107 as shown on the Official Map of KINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 64, Page 82 as Document No. 43243.

Dated 4/12/18

The Estate of Alice Lamb

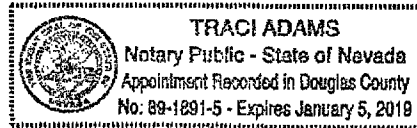
Claudette M. Springmeyer
Claudette M. Springmeyer
Appointed Public Administrator

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 4/12/18, 4/12/18

by Claudette M. Springmeyer



[Signature]
Notary Public

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

CERTIFICATE OF DEATH

2008007160
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) Lawrence W LAMB			2. DATE OF DEATH (Mo/Day/Year) April 30, 2008		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) St Mary's Regional Medical Center		3e. If Hosp. or inst. indicate DOA,OP/Emer, Rm. Inpatient(Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 88	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) December 11, 1919
9a. STATE OF BIRTH (if not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Alice M MOUTOUSSI
13. SOCIAL SECURITY NUMBER ██████████-5156		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Chief Master Sergeant		14b. KIND OF BUSINESS OR INDUSTRY United States Air Force		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1203 Kings Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Benjamin Howard LAMB			17. MOTHER - NAME (First Middle Last Suffix) Geneva MAE			
18a. INFORMANT- NAME (Type or Print) Alice M LAMB			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 1676 Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217	20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701			
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). SIGNATURE AUTHENTICATED DAVID JULIAN			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) May 06, 2008		21c. HOUR OF DEATH 21:20	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) DAVID JULIAN 235 W 6th St Reno, NV 89512					23b. LICENSE NUMBER 11920	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 09, 2008	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).) Interval between onset and death.						
PART I						
(a) Pneumonia with overwhelming sepsis Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Dementia, failure to protect airway Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Interval between onset and death						
(d) Interval between onset and death						
PART II					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC, SUICIDE, HGM, 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

Information Corrected, State Affidavit# 49319, 05/20/2008 -16a 16b 16c 17a 17c

546180



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.

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED: **05/23/2008**

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

VRS-Rev-2006T