

APN#: 1220-15-310-017

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Alice D. Artellan

1412 Muir Drive

Gardnerville, NV

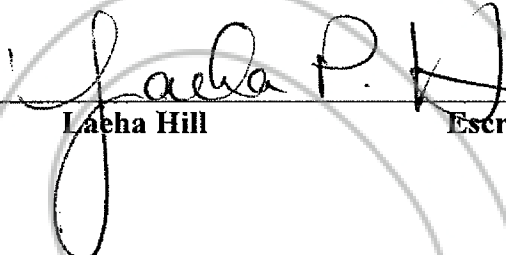
89460

Mail Tax Statements to: (deeds only)

(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 _____



Laeha Hill

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

Alice Artellan, of legal age, being first duly sworn, deposes and says:

That Benjamin Thomas Artellan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ben Artellan named as one of the parties in that certain Individual Grant Deed dated 2/28/1992 executed by Tom Woods, a Widower to Ben Artellan and Alice Artellan, husband and wife as joint tenants with rights of survivorship as joint tenants, recorded as instrument No. 275162, on 4/6/1992, in Book492, Page 1034, 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 3 in Block J of GARDNERVILLE RANCHOS UNIT NO. 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on April 10, 1967, in Map Book 1, Page 055, Filing No. 35914.

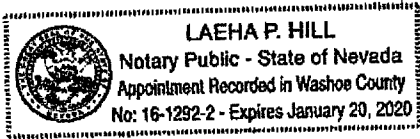
Dated 4/23/18

Alice Artellan
Alice Artellan, Surviving Joint Tenant

STATE OF NEVADA }SS
COUNTY OF Douglas

This instrument was acknowledged before me on 4/23/18

by Alice Artellan.

Laeha P. Hill
Notary Public


STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3549169

CERTIFICATE OF DEATH

2017006238

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

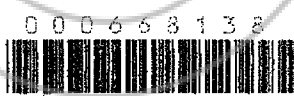
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Benjamin Thomas ARTELLAN		2. DATE OF DEATH (Mo/Day/Yr) March 24, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Residence		3d. If Hosp. or Inst. indicate DOA,OP/Emis. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White,Portuguese		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR (MOS DAYS HOURS MINS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) February 11, 1950		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Alice Dianne HARTMAN	
13. SOCIAL SECURITY NUMBER 6063		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Foreman		14b. KIND OF BUSINESS OR INDUSTRY Roadwork	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER Residence		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gerald Joseph ARTELLAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Louise Erma RODRIGUES		
18a. INFORMANT- NAME (Type or Print) Alice Dianne ARTELLAN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1412 Muir Dr Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 670		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BERNADETTE J SMITH SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 05, 2017		21c. HOUR OF DEATH 07:35		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22b. DATE SIGNED (Mo/Day/Yr) March 24, 2017		22c. HOUR OF DEATH 07:35		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Bernadette J Smith P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 08, 2017		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).) Cardiac Arrest				Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Cardiovascular Disease				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.				28. AUTOPSY (Specify Yes or No) No	
28a. ACC. SURVIVE, 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



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:

4/7/2017

Cody J. King
SIGNATURE AUTHENTICATED

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

