

DOUGLAS COUNTY, NV

2018-914215

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\$35.00

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05/15/2018 12:10 PM

TICOR TITLE - RENO (TITLE ONLY)

KAREN ELLISON, RECORDER

APN: 1318-10-310-018  
ORDER NO.: 01801561-TO

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT:

AFFIDAVIT

Surviving Spouse Succeeding to Title to  
Community Property by Right of survivorship (NRS 111.365)

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

TICOR TITLE COMPANY

Signed By:

Print Name/Title:

*Naidal Carter*  
*Naidal Carter - Escrow Officer*

WHEN RECORDED MAIL TO:

John I Chew  
12740 Cobblestone Creek Road  
Poway, CA 92064

**RECORDING REQUESTED BY:**

Ticor Title Company

**Escrow Order No.:** FTKE-3011800910

**When Recorded Mail Document To:**

John I. Chew  
12740 Cobblestone Creek Road  
Poway, CA 92064

APN/Parcel ID(s): 1318-10-310-018

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT**  
**Surviving Spouse Succeeding to Title to**  
**Community Property by Right of Survivorship**  
(NRS111.365)


John I. Chew, of legal age, being first duly sworn, deposes and says:

That Tracey Lee Chew, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Tracey Lee Chew named as one of the parties in that certain Warranty Deed, dated October 28, 2013 executed by Mark R. Curtis as to an undivided 1/2 interest and Kelly M. Curtis a married man as his sole and separate property as to an undivided 1/2 interest to John I. Chew and Tracey Chew husband and wife as community property with right of survivorship, husband and wife, as community property with right of survivorship, recorded on October 29, 2013, 12:00 AM as 832751 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Dated: May 2, 2018

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

  
\_\_\_\_\_  
Signature  
John I. Chew  
\_\_\_\_\_  
Print Name

**AFFIDAVIT**  
(continued)

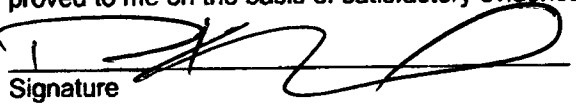
APN/Parcel ID(s): 1318-10-310-018

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.

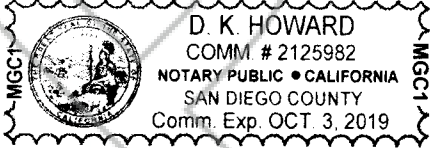
State of CA  
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 11 day of May, 2018, by  
John I. Chew

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 

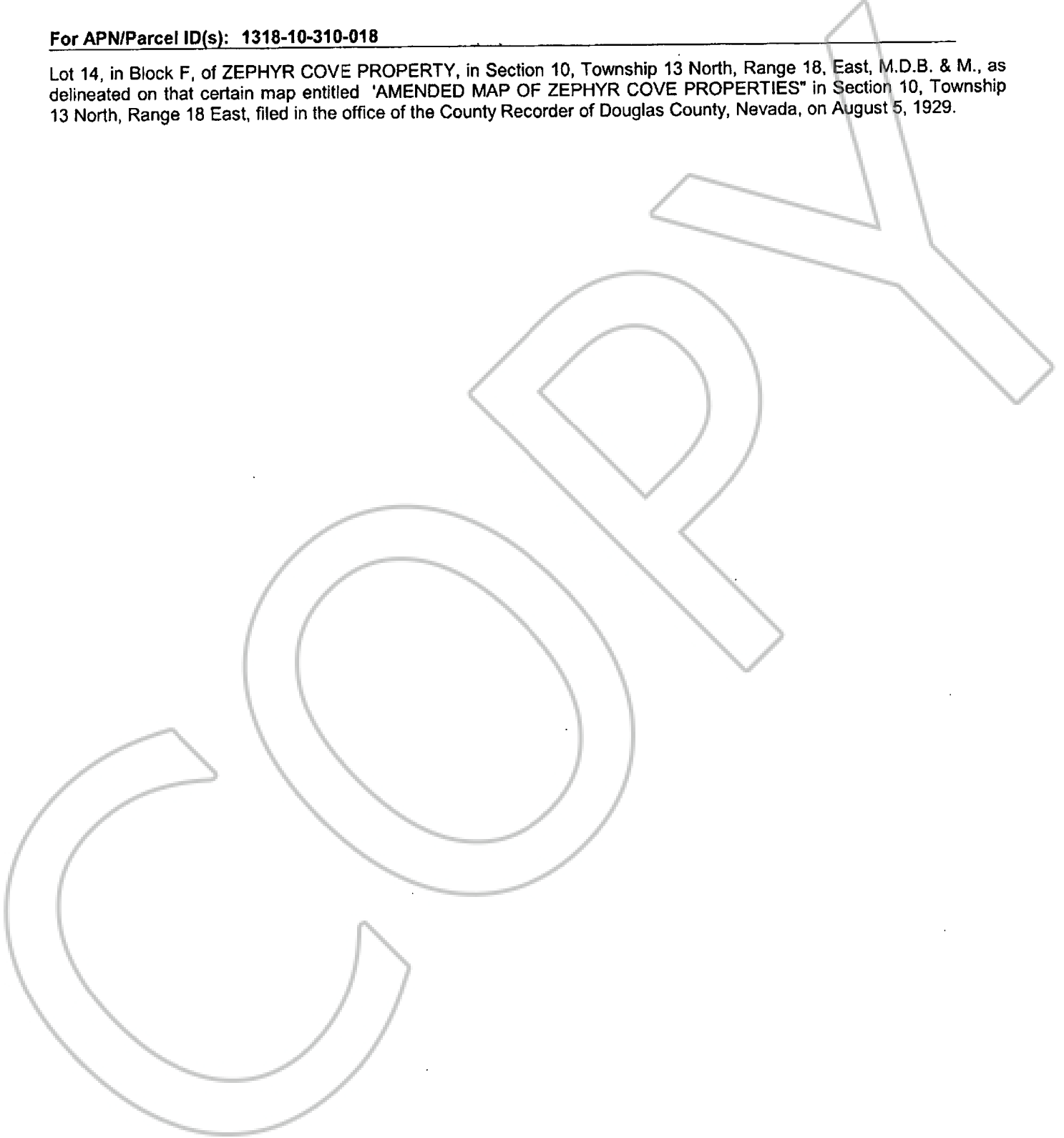
(Seal)



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): 1318-10-310-018**

Lot 14, in Block F, of ZEPHYR COVE PROPERTY, in Section 10, Township 13 North, Range 18, East, M.D.B. & M., as delineated on that certain map entitled "AMENDED MAP OF ZEPHYR COVE PROPERTIES" in Section 10, Township 13 North, Range 18 East, filed in the office of the County Recorder of Douglas County, Nevada, on August 5, 1929.



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

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

CASE FILE NO. 4000112

2018001382

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>Tracey Lee CHEW</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 20, 2018</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>55</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b> <b>MIN'S</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 04, 1962</b>		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>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>John CHEW</b>	
13. SOCIAL SECURITY NUMBER <b>0046</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Educator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>687 Lake View Blvd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Frederick WEBER JR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Virginia TILEY</b>		
18a. INFORMANT-NAME (Type or Print) <b>John Irving CHEW</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>12740 Cobblestone Creek Rd Poway, California 92064</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RYAN BOWEN</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD810</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation Reno</b> <b>4600 Kietzke Lane, Ste. G-173 Reno NV 89502</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>PLUEN ZIU MD</b> <b>SIGNATURE AUTHENTICATED</b>			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>January 24, 2018</b>		21c. HOUR OF DEATH <b>09:17</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Pluen Ziu MD 1155 Mill St Reno, NV 89502</b>				23b. LICENSE NUMBER <b>15955</b>	
24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 25, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death	
(c) <b>Intracranial Hemorrhage</b>				Interval between onset and death	
(d) <b>Absolute Thrombocytopenia</b>				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. <b>Unknown Etiology</b>				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. 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 Registrar and Vital Records.

1/29/2018

**SIGNATURE AUTHENTICATED**

DEPUTY REGISTRAR

DATE ISSUED:

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

