

APN# : 1420-21-810-009

Recording Requested By:

Western Title Company

When Recorded Mail To:

Mary E. Hall

1340 Santa Cruz Dr

Minen NV 89423

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

Kayla Jacobsen

Kayla Jacobsen

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

Mary E. Hall, of legal age, being first duly sworn, deposes and says:

That Louis A Hall, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Louis A Hall named as one of the parties in that certain Grant, Bargain and Sale Deed dated 3/27/2000 executed by Emilio Ortiz and Leticia A. Ortiz, husband and wife as community property with rights of survivorship to Louis A. Hall and Mary E. Hall, husband and wife as joint tenants as joint tenants, recorded as instrument No. 0489838, on 4/13/2000, in Book0400, Page 2193, 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 9 in Block A of MISSION HOT SPRINGS III, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1992, in Book 692, Page 6000, as Document No. 282411.

Dated 6-20-18

Mary E. Hall

Mary E. Hall, Surviving Joint Tenant

STATE OF NEVADA)SS

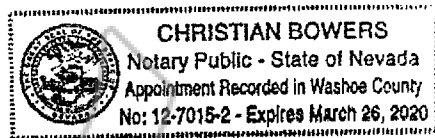
COUNTY OF Carson City

This instrument was acknowledged before me on June 20, 2018

by Mary E. Hall

Christian Bowers

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. 4008688

CERTIFICATE OF DEATH

2018005112

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Louis Andrew HALL		2. DATE OF DEATH (Mo/Day/Year) March 11, 2018		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) Evergreen Mountain View Health & Rehab Ctr Nursing Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 09, 1931	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary Elizabeth EMRICK			
PARENTS	13. SOCIAL SECURITY NUMBER 3931		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Automobile Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Automobile Repair (garage)	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
POSITION	15d. STREET AND NUMBER 1340 Santa Cruz Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John HALL	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna RUSSEL		18a. INFORMANT- NAME (Type or Print) Mary E HALL			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1340 Santa Cruz Dr Minden, Nevada 89423		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory	
	19c. LOCATION City or Town State Sparks Nevada 89431		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services		20d. NAME AND ADDRESS OF FACILITY 3094 Research Way #83 Carson City NV 89706		21a. To Be Completed by CERTIFYING PHYSICIAN: 21a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JOSE AGUIRRE MD	
	21b. DATE SIGNED (Mo/Day/Yr) March 16, 2018		21c. HOUR OF DEATH 22:45		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	22a. To Be Completed by CORONER'S OFFICE: 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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) MELISSA KNIGHT	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 16, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. 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		(a) Cardiopulmonary Arrest		Interval between onset and death	
	(b) Inanition		(c) Dementia		Interval between onset and death	
(d) Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28f. DESCRIBE HOW INJURY OCCURRED		
28g. INJURY AT WORK (Specify Yes or No)		28h. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28i. 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: **MAR 21 2018**

STATE REGISTRAR

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

VRS-Rev-20120523a

