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APN: 1220-03-412-012



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Handelin Law, Ltd.
Steven P. Handelin, Esq.
PO Box 4568
Carson City, NV 89702

MAIL TAX NOTICES TO:

The Jack James Silveira Living Trust
c/o Jack J. Silveira, Trustee
1794 Bitterbrush Court
Gardnerville, Nevada 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

Jack J. Silveira, being first duly sworn, deposes and says:

That Charron Silveira, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as Charron Silveira, named one of the parties in the certain deed dated October 20, 1999, and executed by Jack J. Silveira and Charron Silveira, as joint tenants, recorded on October 20, 1999, as Document Number 0479126, of the Official Records of Douglas County, Nevada, covering the real property known as 1215 Service Drive, Gardnerville, Nevada 89410, and as described as follows:

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

PARCEL 1

Lot 1, in Block B, as set for on the Final Map of SOUTHGATE SERVICE PARK 2 (an Industrial subdivision), filed in the office of the County Recorder of Douglas County, State of Nevada, on April 2, 1992, in Book 492, Page 182, as Document No. 274729.

PARCEL 2

A driveway easement as shown in documents recorded June 25, 1997, in Book 697, Page 5204, as Document No. 415945.

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security number of the Decedent.

Per NRS 111.312, this legal description was previously recorded on October 20, 1999 as Document No. 0479126.

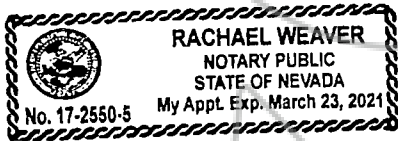
I declare under penalty of perjury, that the foregoing is true and correct.

Dated this 10th day of July 2018.

Jack J. Silveira
JACK J. SILVEIRA

STATE OF NEVADA)
 :SS
CARSON CITY)

SUBSCRIBED and SWORN to before me this 10th day of July, 2018, by JACK J. SILVEIRA.



Rachael Weaver
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. 4014477

CERTIFICATE OF DEATH

2018007765
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) CHARRON Louise SILVEIRA		2. DATE OF DEATH (Mo/Day/Year) April 15, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 1794 Bitterbrush Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 27, 1946		9a. STATE OF BIRTH (If not US/CA, name country) California		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) Jack SILVEIRA	
13. SOCIAL SECURITY NUMBER [REDACTED]-9430		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Administrative Assistant		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1794 Bitterbrush Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William MARTENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marian BRADLEY		
18a. INFORMANT - NAME (Type or Print) Jack SILVEIRA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1794 Bitterbrush Court Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1814 N. Curry Street Carson City NV 89703	
21. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GRANT P ANDERSON MD					
21b. DATE SIGNED (Mo/Day/Yr) April 21, 2018		21c. HOUR OF DEATH 20:10			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Grant P Anderson MD 5345 Reno Corporate Dr Reno, NV 89511				23b. LICENSE NUMBER 3156	
24a. REGISTRAR (Signature) MELISSA KNIGHT		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 23, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Atherosclerotic Vascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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.				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. 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

000717100



CERTIFIED COPY OF VITAL RECORDS

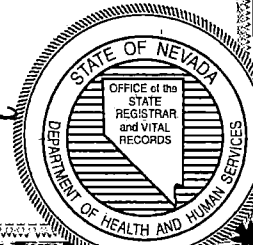
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

APR 26 2018

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

Julie Katchear
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE