



KAREN ELLISON, RECORDER

APN# 1220-10-310-013

Recording Requested by/Mail to:

Name: LOUIS FITZHUGH

Address: 1430 GLENWOOD DR.

City/State/Zip: GARDNERVILLE, NV 89460

Mail Tax Statements to:

Name: SAME

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AFFIDAVIT OF DEATH JT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

[Signature]  
Signature

LOUIS FITZHUGH  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_.

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA     )  
                                  ) SS.  
COUNTY OF DOUGLAS )

LOUIS J. FITZHUGH, affiant, being first duly sworn upon oath, says:

1. That affiant is over the age of twenty-one (21) years and is competent to be a witness as to the matters hereinafter stated.
2. That he is the widower of DOROTHY R. FITZHUGH, who died on December 26, 2014 at Gardnerville, Douglas County, Nevada.
3. That he is named as one of the joint tenants, and is the sole surviving joint tenant named in that certain deed recorded in Douglas County, Nevada of all that real property situate in the county of Douglas, state of Nevada, described as follows:

**LEGAL DESCRIPTION**  
ALL THAT REAL PROPERTY SITUATE IN GARDNERVILLE,  
COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED  
AS FOLLOWS: LOT 26, AS SHOWN ON THE MAP OF COUNTRY  
CLUB ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER  
OF DOUGLAS COUNTY, NEVADA, ON JULY 17, 1967, IN BOOK 51,  
PAGE 377, AS DOCUMENT NUMBER 37147

4. That the joint tenancy was created on July 22, 1970 in that certain Grant Deed dated July 22, 1970 executed by Douglas F. Neddenriep and Jean M. Neddenriep, his wife, to Louis J. Fitzhugh and Dorothy R. Fitzhugh, his wife, as joint tenants, recorded as Lot 26 Country Club Estates Subdivision, as shown on the Official Map thereof recorded in the office of the Douglas County Recorder July 17, 1967.
5. That Dorothy R. Fitzhugh was one of the joint tenants on the said deed and is the identical person named as the decedent on that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof, which person died on December 26, 2014 in Douglas County, Nevada.

Affiant acknowledges that he understands that the filing of a false affidavit constitutes a felony in the state of Nevada. Further Affiant sayeth naught.

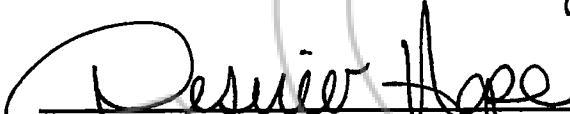
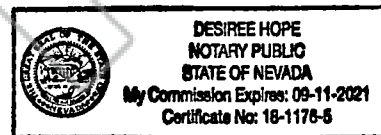
Dated this 7 day of AUGUST, 2018



LOUIS J. FITZHUGH

SUBSCRIBED AND SWORN to before me

This 7<sup>th</sup> day of August, 2018



NOTARY PUBLIC in and for said  
State and County

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

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

**CERTIFICATE OF DEATH**

2014021495

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>Dorothy R FITZHUGH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 26, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>1430 Glenwood Dr.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 16, 1933</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Louis FITZHUGH</b>	
13. SOCIAL SECURITY NUMBER <b>6117</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>University</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1430 Glenwood Dr.</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>Edward RUSSELL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elizabeth TRAYNOR</b>		
18a. INFORMANT - NAME (Type or Print) <b>Louis FITZHUGH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1430 Glenwood Dr. Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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>NITA SCHWARTZ M.D.</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 31, 2014</b>		21c. HOUR OF DEATH <b>12:40</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>RHONDA PENA</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 02, 2015</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>Parkinson's Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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. <b>Dementia</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

3809230

506950

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.

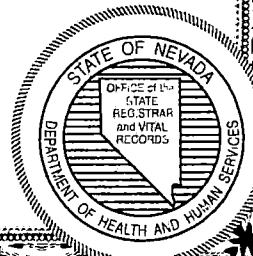
DATE ISSUED:

1/2/2015

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

*Rhonda Pena*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE