DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

2018-918535 08/27/2018 10:51 AM

WILLIAM D. MINTEER

Pgs=3



APN:1022-10-001-094

Recording request by, mail documents and tax statements to: William D. Minteer, Sr. 3830 Sandstone Drive, Wellington, NV 89444 Death Certificate contains a social security of Deceased listed herein pursuant to and under NRS 440.380(1) & NRS 40.525 (5).

KAREN ELLISON,	RECORDER
	1 1

**NOTARY PUBLIC** STATE OF NEVADA My Commission Expires: 10-01-2020 Certificate No: 12-9537-5

AFFIDAVIT OF DEATH OF JOINT TENANT
ZITTIDAVIT OF DEZITIE OF JOHN TENANT
State of Nevada )
)S.s. County of Drug las )
I, William D. Minteer, Sr., husband, who is of legal age, being first duly sworn, deposes
and says: That the joint tenant, my wife, Norma J. Minteer, is the Decedent who died in Nevada
on 12/29/2010, who is mentioned in the attached certified copy of Certificate of Death. She is the
same person as Norma J. Minteer, named as a Joint Tenant with first rights of survivorship in
that certain Grant Bargain and Sale Deed, signed on $\$ - 15 - 91$ , as ID No.#,
recorded on as File 25879@in Book 991, Page 2/434 of Official Records of Douglas County
Recorder's Office, Nevada, the property located at 3830 Sandstone Drive, Wellington, Douglas
County, Nevada 89444, APN# 1022-10-001-094, legally described as "Exhibit A," attached.
That I hereby state I am Joint Tenant of said property and my ife, the other Joint Tenant
listed on the Deed, has died on 12/29/2010 I certify that there are social security number herein
the Death Certificate attached, per NRS 440.380(1) & NRS 40.525 (5).
Aladot
DATED September 27, 2018. William D Menter Sr
William D. Minteer, Sr., Surviving Joint Tenant
State of Nevada )
( , )s.s.
County of Docates)
ACKNOWLEDGMENT
A must
Sworn /subscribed to before me, notary public for Nevada, Device County, on September 2018 personally appeared William D. Minteer, Sr. identified, who signed this document
2018, personally appeared William D. Minteer, Sr., identified, who signed this document
of his pwn voluntary free will, act and deed, for the purposes and uses listed herein.
SHANNON RUSSELL

NOTARY PUBLIC

WHEN RECORDED MAIL TO: WILLIAM D. MINTEER, SR. NORMA MINTEER 5764 COMANCHE DRIVE SAN JOSE, CA. 95123

EAHITI A
INDIVIDUAL GRANT DEED

Order No.
Escrow No. M50485JC
R.P.T.T. 78.00
xx Based of full value
Based on full value
less liens

## THIS INDENTURE WITNESSETH:

That for a valuable consideration, receipt of which is hereby acknowledged, MABEL LIPPERTZ, a widow

(GRANTOR),
does hereby grant, bargain, sell, and convey to
WILLIAM D. MINTEER, SR. and NORMA MINTEER, husband and wife, as joint
tenants with rights of survivorship

(GRANTEE),
all that real property in the County of DOUGLAS , State of Nevada,
being Assessor's Parcel Number 37-192-02 , specifically described as:
All that certain lot, piece or parcel of land situate in the County of
Douglas, State of Nevada, described as follows:

Lot 51, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on FEBRUARY 20, 1967, in Book 47, Page 761, as Document No. 35464.

A.P.N. 37-192-02

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

)SS

Dated August 15, 1991

STATE OF NEVADA CALIFORNIA

County of AlamEDA

on August 22, 1991 before me, a notary public, personally appeared

Mabel Lippertz

personally known or proved to me to be the person(s) whose name(s) IS subscribed to the above instrument who acknowledged that SHE executed the instrument.

Notary Public

SCARPELLO & ALLING
CARSON CITY OFFICE
VALLEY BANK CENTER
600 WILLIAM STREET, SUITE 301
CARSON CITY, NEVADA 89701-4502
TELEPHONE (702) 882-4577

LAKE TAHOE OFFICE
KINGSBURY SQUARE
P.O. BOX 3390
STATELINE, NEVADA 89449-3390
TELEPHONE (702) 588-6676

deed

MABEL LIPPERTZ/

maket

TRACY VILLIALIS
NOTASY PUTUC - GALACTORY
ALANGOR COLLY
My Comm. Expires Morch 13, 1992

MAIL TAX STATEMENT TO:

GRANTEES HEREI ABOVE

FOR RECORDER'S USE

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL BLOODS OF
DOUGLE HE MADA

'91 AUG 26 P3:56

\$5° PALL K DEPUZ 58780 BOOK 891 PAGE 4431

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH** 

	۷I	IA	LS	IAL	1211	<b>.</b> 5
CERTIF	10	A	TE	OF	DE	ATH

2010019843

ભુ <del>ક</del> તા			1	STATE FILE NUMBER				
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST, MIDDL	E,LAST,SUFFIX)	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH					
ERMANENT	Norma Jean M					December 29, 2010 Carson City		
BLACK INK	3b. CITY, TOWN, OR LOCATION OF D	EATH 3c. HOSP	TAL OR OTHER INSTITUTION	-Name(If not either, gi	ve street 3e.if Hasp. or Inst	indicate DOA,OP/Eme	r. Rm. 4. SEX	
	Carson City	and number	er) continuecare Hospital of	Carson Tahoe. I	Inpatient(Specify)	Inpatient	Female	
DECEDENT	5. RACE White	•	6. Hispanic Origin? Specify			DER 1 DAY 8. DATE	OF BIRTH (Mo/Day/Yr)	
	5. RACE White  6. Hispanic Origin? Specify No - Non-Hispanic  7a. AGE-Last   Dirthday (Years)   DAYS   DAYS   HOURS   MINS   Novemb							
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	9b. CITIZEN OF	WHAT COUNTRY 10.EDUCA	TION 11. MARRIED, N	NEVER MARRIED, WIDOWEL		POUSE (if wife, give	
OCCURRED IN	name country) Ohio		d States 12	DIVORCED (Sp		maiden name)	William D MINTEER	
SEE HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER 14a, USUAL OCCUPATION (Give Kind of Work Done During Most of 14b, KIND OF BUSINESS OR INDUSTRY Ever in US							
OMPLETION OF RESIDENCE	-8151	OUNTY	Homei		STREET AND NUMBER	Home	15e. INSIDE CITY	
ITEMS					The state of the s	-	LIMITS (Specify Yes or No) NO	
·>	Nevada	Douglas	Welling		30 Sandstone Drive - NAME (First Middle Last	Suffix)	a.v.o. 140	
PARENTS	16. FATHER - NAME (First Middle L	ast Sumix) nso COLAN	FRI	WOTHER		die COPPOLA	. \	
	18a. INFORMANT- NAME (Type or Pri		18b. MAILING AD	DRESS (Street or F	R.F.D. No, City or Town, State		/ /	
	William D MII				dstone Drive Wellingto			
	19a. BURIAL, CREMATION, REMOVA	L, OTHER (Specif	) 19b. CEMETERY OR CREM	ATORY - NAME	19c.	LOCATION City or	N 2	
ISPOSITION	Cremation			a Paloma Reno		Reno N	levada	
	20a, FUNERAL DIRECTOR - SIGNATU JOHN LA		cting as Such) 20b. FUNERA		AME AND ADDRESS OF FAC	icity nerals & Crematio	ons	
		NKENCE AUTHENTICAT	30	4R		n Carson City NV		
RADE CALL	TRADE CALL - NAME AND ADDRESS				/ /			
		ge, death occurred	at the time, date and place and	1 த் 22a. On	the basis of examination and/o	or investigation, in my o	pinion death occurred at	
	due to the cause(s) stated. (Signal of the cause)	gnature & Title) S LFREDO AC		TED D the time,	date and place and due to the	cause(s) stated. (Sign	atule & Title)	
CERTIFIER	21b. DATE SIGNED (Mo/Day/Y		HOUR OF DEATH	22a. On the time, 22b DA 22d. PR	TE SIGNED (Mo/Day/Yr)	22c. HOUR OF	DEATH	
	I E		17:58	B & 22d BB		220 00000	NCED DEAD AT (Hour)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  (P (Type or Print))  22e. PRONOUNCED DEAD AT (Hour)							
	232 NAME AND ADDRESS OF CERT	IFIER (PHYSICIAI	, ATTENDING PHYSICIAN, ME	EDICAL EXAMINER, O	R CORONER) (Type or Print)	23b. LICEN	ISE NUMBER	
	Jose Alf	redo Aguirre M	MD 1600 Medical Parky	way Carson City,	NV 89703		11479 DMMUNICABLE DISEASE	
REGISTRAR	24a. REGISTRAR (Signature)		E ENGLISH		VED BY REGISTRAR 2. anuary 05, 2011	YES T	NO X	
			UTHENTICATED		anuary 05, 2011		between onset and death	
CAUSE OF	Respiratory F	rer only one o	CAUSE PER LINE FOR (a), (b),	AND (C).)		interval	DOINGON GNOST ENTE ESEET	
DEATH	DUE TO, OR AS A C	100	F:			Interval	between onset and death	
CONDITIONS IF	End Stage C	hronic Obs	tructive Pulmonary	Disease				
ANY WHICH GAVE RISE TO	DUE TO, OR AS A C	100		-		Interval	between onset and death	
IMMEDIATE CAUSE ->	(c) '	/ /		/ /				
STATING THE UNDERLYING	DUE TO, OR AS A C	ONSEQUENCE C	Ph	7 7		Interva	between onset and death	
CAUSE LAST	(d)	The same of the sa				<u> </u>		
-/-/	PART II OTHER SIGNIFICANT CON	DITIONS-Conditio	ns contributing to death but not	resulting in the underly	ring cause given in Part 1.	26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes	
/ /			*****			No '	or No) Yes	
	28a. ACC., SUICIDE, HOM., UNDET. 28b OR PENDING INVEST. (Specify)	, DATE OF INJURY (N	fo/Day/Yr) 28c. HOUR OF IN	JURY 128d, DESCRIE	BE HOW INJURY OCCURRED			
	28e. INJURY AT WORK (Specify 28f	DI ACE OF IN UII	PV- At home farm street factor	v. office 28g. LOCAT	TION STREET OR R.F.I	D. No. CITY OR TO	OWN STATE	
1 1	Yes or No)   Dut	. PLACE OF INJUI Iding, etc. (Specify	) Home, Iam, suger, Iaciol	7, 51,00 Zog. 400/A				
35			074	TE DECICEE A				
77	1	/	SIA	TE REGISTRAR				

VRS-Rev-20100216



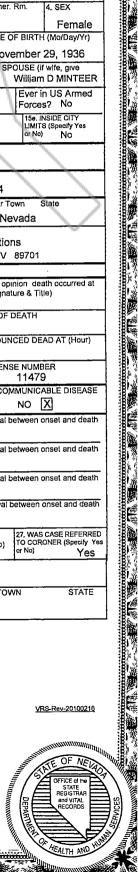
## CERTIFIED COPY OF VITAL RECORDS

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:

01/05/2011

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



SIGNATURE AUTHENTICATED