

APN: 420-07-512-007

MAIL RECORDED DOCUMENT TO:

Edward W. Betts
901 Valley Vista Drive
Carson City, NV 89705



00080101201809200530030030

KAREN ELLISON, RECORDER

MAIL TAX STATEMENT TO:

Edward W. Betts
901 Valley Vista Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
CARSON CITY)

Edward W. Betts hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is one of the grantees named in the Deed recorded as Document No. 0808737, Book 0912, Page 1259, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 901 Valley Vista Drive, Carson City, County of Douglas, State of Nevada, and more particularly described as:

Lot 32, Block J as set forth on the map of Valley Vista Estates 1, Phase 1A, filed for record in the Office of the Douglas County Recorder, on June 2, 1994, in Book 694, Page 437, as Document No. 338792, Official Records.

2. Barbara A. Betts, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 15th day of August, 2018, in the Sate of Nevada.

3. Barbara A. Betts and Affiant purchased the above described property as joint tenants with right of survivorship.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

Dated this 24 day of September, 2018.

Edward W. Betts

Edward W. Betts

///

Subscribed and Sworn to before me
this 24 day of September, 2018,
by Edward W. Betts.



LORA E. MYLES
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 94-5469-2 - Expires October 30, 2018



Notary Public

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4035920

CERTIFICATE OF DEATH

2018016274
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Barbara Anne BETTS		2. DATE OF DEATH (Mo/Day/Year) August 15, 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 ar 901 Valley Vista Drive, Carson City, NV 89705		3e If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
DECEDENT	4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) 77		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) January 21, 1941		9a STATE OF BIRTH (If not US/CA, name country) New York		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) Edward W BETTS	
PARENTS	13 SOCIAL SECURITY NUMBER ██████████-2093		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Coordinator		14b KIND OF BUSINESS OR INDUSTRY Meals On Wheels	
	15a RESIDENCE - STATE Nevada		15b COUNTY Carson City		15c CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d STREET AND NUMBER 901 Valley Vista Drive, Carson City, NV 89705		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) James KAZARIAN	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) Nancy SHANKS		17. INFORMANT - NAME (Type or Print) Edward W BETTS		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 901 Valley Vista Drive Carson City, Nevada 89705	
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c LOCATION City or Town State Carson City Nevada 89706	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES P SMOLENSKI SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD217		20c NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD		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) August 24, 2018		21c HOUR OF DEATH 08:28		22b DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703		23b LICENSE NUMBER 9114		24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 2018		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) End Stage Renal Disease DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		26 AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify)	
PART II - OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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



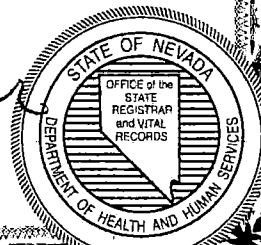
CERTIFIED COPY OF VITAL RECORDS

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: **'AUG 27 2018**

Julie Katcheva
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE