

(To be completed in Black Ink)

APN: 1220-21-610-093

RECORDING REQUESTED BY:



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Name Humberto Bautista  
Street  
Address 1404 Berry Lane  
City, State Gardnerville, NV  
Zip 89460

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT - DEATH OF JOINT TENANT**

(Affiant)

Humberto Bautista, of legal age, being first duly sworn, deposes and says:

That Rochelle D. Bautista, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Rochelle D. Bautista named as one of the parties in that certain Grant, Bargain and Sales dated 10-11-2017 executed by Colleen M Limb, Gooler Joseph G Limb, Stacey A Holst to Humberto & Rochelle D. Bautista as joint tenants, recorded as instrument No. 906146, on 10/26/2017, in Book 010, Page 0, of Official Records of Douglas County, Nevada, covering the following described property situated in the 1404 Berry Ln., County of Douglas, State of Nevada:

(Legal Description)

Lot 592 At Gardnerville Ranchos Unit 6 Filed with Douglas County Record AS Doc 66512

Dated 12-13-18

STATE OF NEVADA

COUNTY OF DOUGLAS

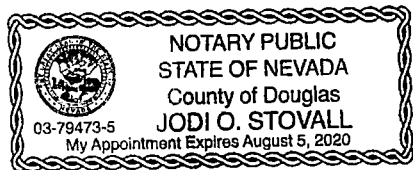
} SS [Signature]  
**SIGNATURE**  
(Surviving Joint Tenant)

This instrument was acknowledged before me on 12-13-18

by Humberto BAUTISTA

[Signature]  
**PRINTED SIGNATURE**  
(Surviving Joint Tenant)

[Signature]  
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. 4016146

**CERTIFICATE OF DEATH**

2018007628  
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

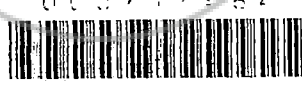
CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Rochelle Denise BAUTISTA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 16, 2018</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>49</b>		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 12, 1969</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Humberto BAUTISTA</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-9283</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Pharmacy Assistant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Pharmacy</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>1404 Berry Lane</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>George HURT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lynda CLEMENT</b>		
18a. INFORMANT- NAME (Type or Print) <b>Humberto BAUTISTA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1404 Berry Lane 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>JAMES P SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS					
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>CALEB FRINK APRN</b> SIGNATURE AUTHENTICATED			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) <b>April 19, 2018</b>		21c. HOUR OF DEATH <b>13:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Caleb Frink APRN 1155 Mill St Reno, NV 89502</b>			
23b. LICENSE NUMBER <b>APRN002182</b>		24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 19, 2018</b>	
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			
(a) <b>Cardiopulmonary Failure</b>		Interval between onset and death			
(b) <b>Septic Shock</b>		Interval between onset and death			
(c) <b>Unknown Etiology.</b>		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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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

VRS-Rev-20120523a



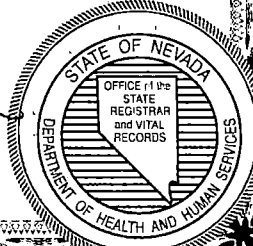
CERTIFIED COPY OF VITAL RECORDS

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: **APR 30 2018**

*Julie Katschauer*  
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