

APN# 1022-16-002-059

Recording Requested by/Mail to:

Name: Elizabeth J. Dodson

Address: 1530 Opal Ct.

City/State/Zip: Wellington, NV 89444

Mail Tax Statements to:

Name: Elizabeth J. Dodson

Address: 1530 Opal Ct.

City/State/Zip: Wellington, NV 89444



00085030201909242530040043

KAREN ELLISON, RECORDER

Affidavit - Death of Joint Tenant

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)

Tammara L. Gracey for Elizabeth J. Dodson

Signature

Elizabeth J. Dodson

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1022-16-002-059

RECORDING REQUESTED BY:

Elizabeth J. Dodson
1530 Opal Ct.
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Elizabeth J. Dodson
1530 Opal Ct.
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Elizabeth J. Dodson, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dewey L. Dodson named as one of the parties in that certain Joint Tenancy Deed dated December 28, 1993, executed by Lester Sternberg and Joidell Sternberg, Trustees of the Sternberg Family Living Trust dated June 3, 1992 to Dewey L. Dodson, and Elizabeth J. Dodson (surviving tenant), as joint tenants with right of survivorship, and recorded on January 11, 1994, in Book 0194, at Page 2042, Document No. 327372 of Official Records of Douglas County, State of Nevada, covering the following described real property in Wellington, in said County, State of Nevada:

Being all of Lot 9, in Block H, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Dated: 1-4-19

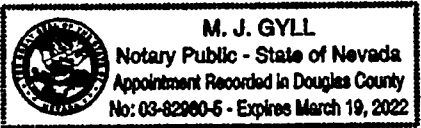
Elizabeth J. Dodson
Elizabeth J. Dodson

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 4 day of January, 2019, by Elizabeth J. Dodson, proved to me on the basis of satisfactory evidence to be the person who appear before me.

M. J. Gyll

Notary Public



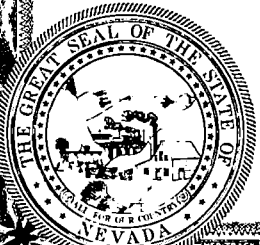
STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4043877 **CERTIFICATE OF DEATH** 2018019099
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE LAST,SUFFIX) Dewey Lee DODSON JR		2. DATE OF DEATH (Mo./Day/Year) October 03, 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 an Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Nursing Home	
DECEDENT	5. RACE (Specify) Cherokee		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSES NAME (Last name prior to first marriage) Elizabeth CONNALL			
PARENTS	13. SOCIAL SECURITY NUMBER 5773		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Photographer		14b. KIND OF BUSINESS OR INDUSTRY Photography	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 1530 Opal Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER,PARENT - NAME (First Middle Last Suffix) Dewey Lee DODSON	
	17. MOTHER,PARENT - NAME (First Middle Last Suffix) Nannie GUESS		18a. INFORMANT - NAME (Type or Print) Elizabeth DODSON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State Zip) 1530 Opal Ct Wellington, Nevada 89444	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation/Burial		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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 JOSE AGUIRRE 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) October 05, 2018		21c. HOUR OF DEATH 21:30		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)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479	
CAUSE OF DEATH	24a. REGISTRAR (Signature) BREECE D FLORES		24b. DATE RECEIVED BY REGISTRAR (Mo./Day/Yr) October 05, 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		26. AUTOPSY (Specify Yes or No) No			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	(b) Dementia		Interval between onset and death			
(c) Hypertension		Interval between onset and death				
(d) Chronic Atrial Fibrillation		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. Hyponatremia; Bradycardia; Unknown Etiology						
28a. ACC SUICIDE, HOM. UNDET OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo./Day/Yr)		28c. HOUR OF INJURY		
28d. 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



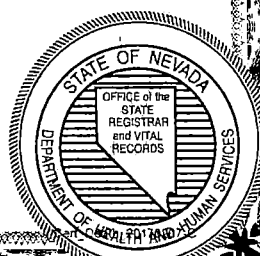
CERTIFIED COPY OF VITAL RECORDS

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: 10/9/2018

Julie Katchear
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JOINT TENANCY DEED

THIS INDENTURE WITNESSETH: That

Lester Sternberg and Joidell Sternberg, trustees of the Sternberg Family Living Trust dated June 3, 1992

in consideration of the sum of TEN DOLLARS (\$10.00) lawful money of the United States, and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to

Dewey L. Dodson and Elizabeth J. Dodson, husband and wife, as joint tenants with right of survivorship, and not as tenants in common,

and to the heirs and assigns of such Grantee forever, all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Being all of Lot 9, in Block H, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Assessment Parcel No. ~~37-443-09~~ 1022-16-002-059

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

Witness our hands this 28 day of Dec, 93.

[Signature]
Lester Sternberg, Trustee

[Signature]
Joidell Sternberg, Trustee

STATE OF California)
COUNTY OF Stanislaus) :SS

On December 28, 1993, personally appeared before me, a Notary Public, Lester Sternberg and Joidell Sternberg

personally known or proved to me to be the persons whose names are subscribed to the above instrument who acknowledged that they executed the same for the purposes therein stated.

[Signature]
Notary Public



WHEN RECORDED MAIL TO:
Dewey L. Dodson
1530 OPAL CT,
WELLINGTON, NV 89444

The Grantor(s) declare(s):
Document Transfer Tax is \$29.90
(X) computed on full value of property conveyed

MAIL TAX STATEMENTS TO:
MR. AND MRS. DODSON

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

31 JUN 11 P3 24

SUZANNE BEAUDREAU
RECORDER
PAID 7.00 DEPUTY KG

327372

BK0194PG2042