



KAREN ELLISON, RECORDER

APN# 1220 - 12 - 310 - 054

Recording Requested by/Mail to:

Name: Catalina Palomar

Address: 1056 Arroyo Dr.

City/State/Zip: Gardnerville NV 89410

Mail Tax Statements to:

Name: same

Address: _____

City/State/Zip: _____

Affidavit of Death

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)

Catalina Palomar

Signature

Catalina Palomar

Printed Name

This document is being (re-)recorded to correct document # n/a, and is correcting

AFFIDAVIT OF DEATH OF JOINT TENANT

The within named person (Affiant), Catalina Palomar, who is a resident of Douglas County, State of Nevada, of legal age, and spouse of the deceased joint tenant, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

That, Roberto Palomar, the Decedent mentioned in the attached certified copy of the Certificate of Death, deceased on April 18, 2014 in Carson City, is the same person as Roberto Palomar named as one of the parties in that certain Grant, Bargain and Sale Deed, as joint tenant, dated 25th day of July, 1993 recorded as Instrument Number 314141 on August 2, 1993 in Book 0893, Page 0257 of the Official Records of Douglas County, Nevada, covering the following described property:

Lot 56, as shown on the map of PINENUT SUBDIVISION, UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on June 11, 1963, in Book 1 of Maps, as File No. 22783, APN # 1220-12-310-054.

Dated this 16th day of January, 2019.

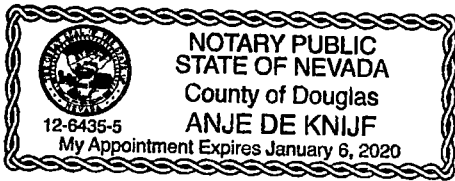
Catalina Palomar
Catalina Palomar, Affiant

State of Nevada)
 :ss.
County of Douglas)

Subscribed and sworn to, or affirmed, before me on this 16th day of January, 2019 by Affiant Catalina Palomar.

Anje de Knijf
Signature of Notary Public

January 6, 2020
My Commission Expires:



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2014006360
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Roberto PALOMAR-NAPOLES		2 DATE OF DEATH (Mo/Day/Year) April 18, 2014		3a COUNTY OF DEATH Carson City	
	3d CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emor, Rm Inpatient(Specify) Inpatient	
DECEDENT	4 SEX Male		5 RACE White (Specify) White		6 Hispanic Origin? Specify Yes - Mexican	
	7a AGE-Last birthday (Years) 64		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (if not U.S.A., name country) Mexico		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 6	
	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Catalina ESPINOSA		13 SOCIAL SECURITY NUMBER ██████████ 3782	
PARENTS	14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Cook		14b KIND OF BUSINESS OR INDUSTRY Genoa Lakes Golf Course		15 Ever in US Armed Forces? No	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d STREET AND NUMBER 1056 Arroyo Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Bonifacio PALOMAR	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) Rosalba NAPOLES		18a INFORMANT - NAME (Type or Print) Julio OJEDA		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) P.O. Box 1834 Shingle Springs, California 95682	
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		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) JAMES SMOLENSKI		20b FUNERAL DIRECTOR LICENSE 217		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) CRAIG RAU M.D.		21b DATE SIGNED (Mo/Day/Yr) April 24, 2014		21c HOUR OF DEATH 03:48	
	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)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
REGISTRAR	22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Santibanez, Jorge		22e PRONOUNCED DEAD (Mo/Day/Yr)		22f PRONOUNCED DEAD AT (Hour)	
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703				23b LICENSE NUMBER 10991	
CAUSE OF DEATH	24a REGISTRAR (Signature) BIANCA GALEANO		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 24, 2014		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24a REGISTRAR (Signature) BIANCA GALEANO		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 24, 2014		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))				Interval between onset and death	
	PART I					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiorespiratory Failure				Interval between onset and death	
	(b) DUE TO OR AS A CONSEQUENCE OF Coronary Artery Disease with Acute Myocardial Infarction				Interval between onset and death	
	(c) DUE TO OR AS A CONSEQUENCE OF End Stage Renal Disease				Interval between onset and death	
	(d) DUE TO OR AS A CONSEQUENCE OF Cause Otherwise Unknown				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26 AUTOPSY (Specify Yes or No) No		
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		23a ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)		23b DATE OF INJURY (Mo/Day/Yr)		
23c HOUR OF INJURY		23d 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

527032

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.

RndWhan

DATE ISSUED:

APR 24 2014

STATE REGISTRAR

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

VRS-Rev-20120523a

