

APN 1320-29-116-016

RECORDING REQUESTED BY
Maysol T Bachman
1782 Bougainvillea Drive
Minden NV 89423-5153



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL THIS DOCUMENT AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO
Maysol T Bachman
1782 Bougainvillea Drive
Minden NV 89423-5153

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

Maysol T Bachman, 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 Bruce L Bachman named as one of the parties in that certain Grant, Bargain and Sale Deed dated December 18, 2017, executed by James Villa senior and Ana Villa senior to Bruce L Bachman and Maysol T Bachman (surviving tenant), as joint tenants, and recorded on December 18, 2017, as Instrument No 2017-908190, of the Official Records of Douglas County, State of Nevada, covering the following described real property located in Douglas County, Nevada *See exhibit A

APN 1320-29-116-016


Dated March /, 2019


MAYSOL T BACHMAN, Surviving Tenant

State of NEVADA)
) ss
County of DOUGLAS)

Signed and affirmed before me on March /, 2019, by Maysol T Bachman




(Signature of Notarial Officer)

* Exhibit A

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

James Albert Villasenor and Ana O Lopez-DeVillasenor, Husband and Wife as Joint Tenants with Right of Survivorship

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Bruce L Bachman and Maysol T Bachman, Husband and Wife as joint tenants, with the right of survivorship

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

All that real property situate in the County of Douglas, State of Nevada, described as follows

Lot 234, as shown on the Official Plat of WINHAVEN, UNIT NO 6, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 4, 1994, in Book 894 of official records, at Page 692, as Document No 343273

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof

Dated 12/08/2017

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO 4064580

2019002066
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) Bruce Lloyd BACHMAN		2 DATE OF DEATH (Mo/Day/Year) January 30, 2019		3a COUNTY OF DEATH Douglas	
3b CITY/TOWN OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION Name (If not either give street address) 1782 Bougainvillea Drive		3e If Hosp or Inst or Dir or DOA OP/Emer Rm - SEX Home Male	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non Hispanic	7a AGE Last birthday (Years) 67	7b UNDER 1 YEAR MOS DAYS	7c UNDER 1 DAY HOURS MINS
8 DATE OF BIRTH (Mo/Day/Yr) October 19, 1951		9a STATE OF BIRTH (If not U.S. name - country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE NAME (Last name or birth name) Maysol De Guzman TOLENTINO	
13 SOCIAL SECURITY NUMBER ██████████-6116		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Social Security Administration		14b KIND OF BUSINESS OR INDUSTRY Government	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas	15c CITY/TOWN OR LOCATION Minden	15d STREET AND NUMBER 1782 Bougainvillea Drive	
16 FATHER/PARENT NAME (First Middle Last Suffix) Lloyd E BACHMAN			17 MOTHER/PARENT NAME (First Middle Last Suffix) Julia Marydith GILL		
18a INFORMANT NAME (Type or Print) Maysol BACHMAN		18b MAILING ADDRESS (Street or R.F.D. No City or Town State Zip) 1782 Bougainvillea Drive Minden Nevada 89423			
19a BURIAL CREMATION REMOVAL OTHER (Specify) Cremaion		19b CEMETERY OR CREMATORY NAME Autumn Cremaion Services		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD304	20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremaions 1575 N Lompia Ln Carson City NV 89701		
21 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) JOSE AGUIRRE MD 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) February 05, 2019		21c HOUR OF DEATH 20 42		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c 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
24 REGISTRAR (Signature) BRECED FLORES SIGNATURE AUTHENTICATED			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 05, 2019		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					Interval between onset and death
(a) Cardiopulmonary Arrest DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death
(b) Respiratory Failure DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death
(c) Alcohol Cirrhosis DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death
(d) Hyperlipidemia DUE TO OR AS A CONSEQUENCE OF					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 Diabetes Unknown Etiology					26 AUTOPSY (Specify Yes or No) No
25a ACC SUICIDE HOMICIDE OR PENDING INVEST (Specify)		25b DATE OF INJURY (Mo/Day/Yr)	25c HOUR OF INJURY	25d DESCRIBE HOW INJURY OCCURRED	
25e INJURY AT WORK (Specify Yes or No)		25f PLACE OF INJURY At home farm street factory office building etc (Specify)		25g LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

VPS-Rev 20120523a

000754209



CERTIFIED COPY OF VITAL RECORDS

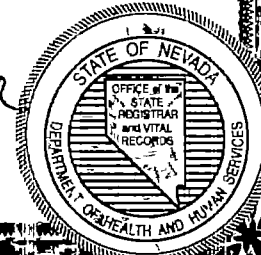
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED

FEB 07 2019

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

Julie Katchear
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE