

APN# : 1220-09-810-062

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Constance Estabrook

1908 Sorrel Lane

Gardnerville, NV 89410

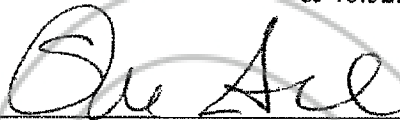
**Mail Tax Statements to: (deeds only)**

same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Wendy Dunbar

Escrow Officer

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Constance Estabrook, of legal age, being first duly sworn, deposes and says:

That David Aaron Rose, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David Rose named as one of the parties in that certain Grant, Bargain, Sale Deed dated 11/4/2002 executed by Constance Eileen Estabrook, aka Constance Keown to David Rose and Constance Estabrook, husband and wife as joint tenants, recorded as instrument No. 557349, on 11/8/2002, in Book1102, Page 03542, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 326 of GARDNERVILLE RANCHOS UNIT NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 1, 1965, in Book 1 of Maps, file No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

Dated September 25, 2019

Constance Estabrook

Constance Estabrook -Surviving Joint Tenant

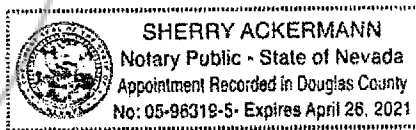
STATE OF NEVADA )SS

COUNTY OF Douglas

This instrument was acknowledged before me on 9-25-2019

by Constance Estabrook

Sherry Ackermann  
Notary Public



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

## CERTIFICATE OF DEATH

2009015715

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>David Aaron ROSE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 17, 2009</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 and number) <b>Renown Regional Medical Center</b>		3d. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. (Inpatient)(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>							
5. RACE White (Specify)		6. Hispanic Origin? Specify if No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>61</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 29, 1948</b>			
9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Connie ESTABROOK</b>					
13. SOCIAL SECURITY NUMBER <b>██████████-1503</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Chef</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>		Ever in US Armed Forces? No							
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1424 Marlette Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) <b>Perry ROSE</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Francis ZIERRE</b>							
18a. INFORMANT- NAME (Type or Print) <b>Connie ESTABROOK</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1424 Marlette Circle Gardnerville, Nevada 89460</b>									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>				19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>				19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N 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) SIGNATURE AUTHENTICATED <b>SUKUMAR CHANDRA GARGYA M.D.</b>						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>October 28, 2009</b>				21c. HOUR OF DEATH <b>18:42</b>				22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) <b>Sukumar Chandra Gargya M.D. 2320 Roanoke Trail Reno, NV 89523</b>										23b. LICENSE NUMBER <b>11105</b>			
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 02, 2009</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										Interval between onset and death			
(a) <b>Cardiopulmonary arrest</b>													
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
(b) <b>Sepsis</b>													
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
(c) <b>Bacterial endocarditis</b>													
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
(d)													
PART II										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOMIC. 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-20080602

### 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.

*Mary A. Anderson*

DEPUTY REGISTRAR

DATE ISSUED:

NOV 12 2009

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

