

DOUGLAS COUNTY, NV **2019-937468**
Rec:\$35.00
\$35.00 Pgs=3 10/31/2019 03:28 PM
TICOR TITLE - GARDNERVILLE
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Bruce E. Christensen
1307 Bridle Way
Minden, NV 89423

MAIL TAX STATEMENTS TO:
Same as above

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons.
(Pursuant to NRS 239b.030)

APN No.: 1420-34-110-005
Escrow No. 1905611-RLT

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT TERMINATING COMMUNITY PROPERTY WITH RIGHTS OF SURVIVORSHIP

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Bruce E. Christensen , being first duly sworn, deposes and says that Affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That Affiant is Bruce E. Christensen the person named as Bruce E. Christensen, one of the grantees in that certain deed from Lester Lay to Bruce E. Christensen and Sharon J. Christensen, husband and wife as community property with right of survivorship recorded in Book 0800 Page 4385, as Instrument No. 0498234, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

That Sharon J. Christensen was one of the grantees named in said deed and was the identical person named as Sharon J. Christensen, the decedent, in that certain Death Certificate, a copy of which is annexed hereto and made a part hereof.




Affiant: Bruce E. Christensen

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 10/30/19,
by Bruce E. Christensen

NOTARY PUBLIC

 **RISHELE L. THOMPSON**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-64331-5 - Expires April 10, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 563450

2008018065
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Sharon Jean CHRISTENSEN		2. DATE OF DEATH (Mo/Day/Year) November 29, 2008		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) October 21, 1946		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Bruce CHRISTENSEN	
	13. SOCIAL SECURITY NUMBER ██████-3016		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Agent		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	15d. STREET AND NUMBER 2754 Kayne Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Dale MCQUINN SR	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jean STEPHENS		18a. INFORMANT - NAME (Type or Print) Bruce CHRISTENSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2754 Kayne Avenue Minden, Nevada 89423	
	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 NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
DISPOSITION	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		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) December 03, 2008		21c. HOUR OF DEATH 04:40		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
TRADE CALL	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 2645 Anzac Circle Carson City, NV 89703		23b. LICENSE NUMBER 11479			
	24a. REGISTRAR (Signature) SUSIE DEVERE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 08, 2008		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) Hospital Related Pneumonia		Days			
CAUSE OF DEATH	(b) Chronic Malnutrition		Interval between onset and death			
	(c) Enterocutaneous Fistula		Years			
	(d) Hypothyroidism		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.		Years			
REGISTRAR	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	
	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

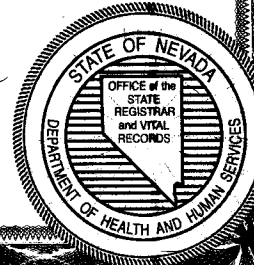
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

OCT 29 2019

STATE REGISTRAR

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



VRS-Rev-20120523a

Escrow No. 1905611-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 5, Block A, as set forth on the map of MOUNTAIN VIEW ESTATES, UNIT NO. 4, filed for record in the office of the Recorder of Douglas County, Nevada, on April 13, 1990, in Book 490, Page 1894, as Document No. 223927, Official Records.

APN: 1420-34-110-005

