

DOUGLAS COUNTY, NV

2019-939290

Rec:\$35.00

\$35.00 Pgs=10

12/09/2019 03:50 PM

ANDERSON, DORN, & RADER, LTD.

KAREN ELLISON, RECORDER

*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*

*Paula Rodriguez*

Paula Rodriguez

APN: 1121-05-510-008

**Recording requested by:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Pkwy., Suite 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Pkwy., Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENTS TO:**

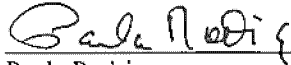
April Stephens  
971 Parkview Drive  
Carson City, NV 89705

**TITLE OF DOCUMENT: Affidavit of Death of Joint Tenant**

(This affidavit is being re-recorded to correct an error in the name of the decedent joint tenant in section (1)  
Correct name is RANDALL W. STEPHENS

in the Grant, Bargain, Sale Deed,  
Document No. 2019-933506, recorded on 08/14/2019.)

*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*

  
\_\_\_\_\_  
Paula Rodriguez

**APN: 1121-05-510-008**

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Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway #860  
Reno, Nevada 89521

**MAIL TAX STATEMENTS TO:**

April Stephens  
971 Parkview Drive  
Carson City, NV 89705

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, APRIL J. STEPHENS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the sole surviving joint tenant with RANDALL W. STEPHENS.
- (2) That by a Deed dated November 19, 2018, a joint tenancy was created between RANDALL W. STEPHENS and APRIL J. STEPHENS, husband wife as joint tenants, recorded as Document No. 2018-922773 on November 26, 2018, in the Official Records of Douglas County, Nevada.

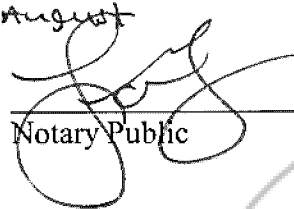
(3) That RANDALL W. STEPHENS died on May 31, 2008, in Gardnerville, Douglas County, Nevada. A certified copy of the death certificate is attached hereto as Exhibit "B."

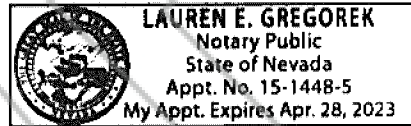
Executed on this 7 day of ~~June~~<sup>August</sup>, 2019 in Carson City, Nevada.

  
APRIL J. STEPHENS

STATE OF NEVADA        )  
  ss:  
COUNTY OF DOUGLAS    )

SUBSCRIBED AND SWORN TO before me by APRIL J. STEPHENS this 7 day of ~~June~~<sup>August</sup>, 2019.

  
\_\_\_\_\_  
Notary Public



## **Exhibit "A"**

### **Legal Description:**

All right, title, and interest in that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 32, as set forth on the Amended Record of Survey of PINEVIEW DEVELOPMENT, UNIT NO. 1, filed in the office of the Douglas County Recorder on April 6, 2000, in Book 0400, Page 926, File No. 489475; subject to that certain Declaration of Covenants, Conditions and Restrictions for Pine View filed in the office of the Douglas County Recorder on October 13, 1997, in Book 1097, Page 2388, File No. 0423883; EXCLUDING any and all water rights, including, but not limited to: applications and permits to change the place of diversion, manner of use or place of use of water; and, federal reserved water rights.

**APN: 1121-05-510-008**

**Property Address: 232 Walker Street, Gardnerville NV 89410**

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2008013612  
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>Randall Warren STEPHENS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 31, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>232 Walker Street</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>50</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>13</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-2104</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Drapery Business</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>232 Walker Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 27, 1957</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Dale Francis STEPHENS</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Charlotte Sue SWANSON</b>		
18a. INFORMANT- NAME (Type or Print) <b>April STEPHENS</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>232 Walker Street Gardnerville, Nevada 89410</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)			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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>September 05, 2008</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>16:45</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>May 31, 2008</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>16:45</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Greg Hubbard P.O. Box 218 Minden, NV 89423</b>			
23b. LICENSE NUMBER <b>262</b>		24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 11, 2008</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					
(a) <b>Cardiomegaly</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II				25. AUTOPSY (Specify Yes or No) <b>Yes</b>	
26. ARTERIOSCLEROTIC CARDIOVASCULAR				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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	

STATE REGISTRAR

59102

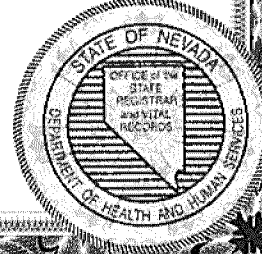
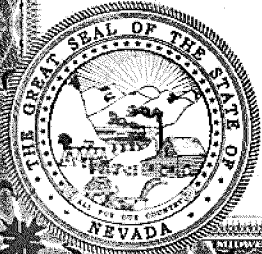
235241 CERTIFIED COPY OF VITAL RECORDS

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: **09/11/2008**

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

*Randall White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# Exhibit

COPY

*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*

---

Paula Rodriguez

APN: 1121-05-510-008

**RECORDING REQUESTED BY:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway #860  
Reno, Nevada 89521

**MAIL TAX STATEMENTS TO:**

April Stephens  
971 Parkview Drive  
Carson City, NV 89705

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, APRIL J. STEPHENS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the sole surviving joint tenant with RICHARD A. PENMAN.
- (2) That by a Deed dated November 19, 2018, a joint tenancy was created between RANDALL W. STEPHENS and APRIL J. STEPHENS, husband wife as joint tenants, recorded as Document No. 2018-922773 on November 26, 2018, in the Official Records of Douglas County, Nevada.



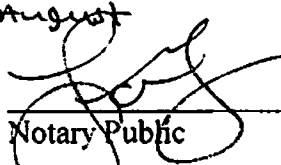
(3) That RANDALL W. STEPHENS died on May 31, 2008, in Gardnerville, Douglas County, Nevada. A certified copy of the death certificate is attached hereto as Exhibit "B."

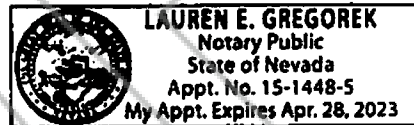
Executed on this 7 day of ~~June~~<sup>August</sup>, 2019 in Carson City, Nevada.

  
APRIL J. STEPHENS

STATE OF NEVADA        )  
  ss:  
COUNTY OF DOUGLAS    )

SUBSCRIBED AND SWORN TO before me by APRIL J. STEPHENS this 7 day of ~~June~~<sup>August</sup>, 2019.

  
\_\_\_\_\_  
Notary Public





## **Exhibit "A"**

### **Legal Description:**

All right, title, and interest in that real property situate in the County of Douglas, State of Nevada, described as follows:

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**APN: 1121-05-510-008**

**Property Address: 232 Walker Street, Gardnerville NV 89410**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2008013612  
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

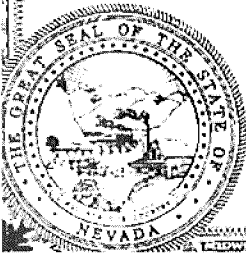
REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Randall Warren <b>STEPHENS</b>		2. DATE OF DEATH (Mo/Day/Year) May 31, 2008		3a. COUNTY OF DEATH Douglas	
2b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 232 Walker Street		3d. If Hosp or inst indicate DOA OPI/Direr Rm. 'tation(Specify):	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last: birthcay (Years) 50		7b. UNDER 1 YEAR MCS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 27, 1957		9a. STATE OF BIRTH (If not U.S.A., name country): California		9b. CITIZEN OF WHAT COUNTRY: United States	
10. EDUCATION: 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married		12. SURVIVING SPOUSE (If wife, give maiden name): April BABCOCK	
13. SOCIAL SECURITY NUMBER [REDACTED] 2104		14a. USUAL OCCUPATION (Give Kind of Work Done During Mst. of Working Life, Even if Retired): Owner		14b. KIND OF BUSINESS OR INDUSTRY: Drapery Business	
15a. RESIDENCE - STATE: Nevada		15b. COUNTY: Douglas		15c. CITY, TOWN OR LOCATION: Gardnerville	
15d. STREET AND NUMBER: 232 Walker Street		15e. INSIDE CITY LIMITS (Specify Yes or No): Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Dale Francis STEPHENS			17. MOTHER - NAME (First Middle Last Suffix) Charlotte Sue SWANSON		
18a. INFORMANT- NAME (Type or Print) April STEPHENS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 232 Walker Street Gardnerville, Nevada 89410			
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): <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE: 217		20c. NAME AND ADDRESS OF FACILITY: FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) <b>GREG HUBBARD</b> 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) <b>GREG HUBBARD</b> SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr):		21c. HOUR OF DEATH:		22b. DATE SIGNED (Mo/Day/Yr): September 05, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		22c. HOUR OF DEATH: 16:45		22d. PRONOUNCED DEAD (Mo/Day/Yr): May 31, 2008	
22e. PRONOUNCED DEAD AT (Hour): 16:45		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Deputy Greg Hubbard P.O. Box 218 Minden, NV 89423			
23b. LICENSE NUMBER: 262		24a. REGISTRAR (Signature): <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): September 11, 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					
(a) <b>Cardionegaly</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II					
<b>Arteriosclerotic Cardiovascular</b>					
26. AUTOPSY (Specify Yes or No): Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes			
28a. ACC. SUIC. OR HOM. UNDET. OR PENDING INVEST. (Specify):		28b. DATE OF INJURY (Mo/Day/Yr):		28c. HOUR OF INJURY:	
28d. DESCRIBE HOW INJURY OCCURRED:		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify):			
28f. INJURY AT WORK (Specify Yes or No):		28g. LOCATION: STREET OR R.F.D. No:		CITY OR TOWN: STATE:	

STATE REGISTRAR



235241

CERTIFIED COPY OF VITAL RECORDS

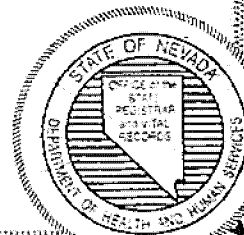
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DATE ISSUED:

09/11/2008

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*Randall Warren*  
SIGNATURE AUTHENTICATED



VRS-Rev-2008T