

APN# 1420-07-310-024



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Mary K VANCURA
Address: 3483 CARNELIAN WAY
City/State/Zip: CARSON CITY -
NV 89705

Mail Tax Statements to:

Name: SAME
Address: _____
City/State/Zip: _____

AFFIDAVIT-DEATH OF JOINT TENANT

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)

Mary K Vancura

Signature

MARY K VANCURA

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Mary K. Vancura, of legal age, being first duly sworn, deposes and says: That, Hans J. Vancura, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as one of the parties in that certain deed related to Douglas County APN: 1420-07-310-024 executed by Frits F. Buyten and Peggy Buyten, wife and husband as joint tenants , recorded as instrument No. 0666052, on 01/19/2016, of Official Records of Douglas County Nevada, covering the following described property situated in Minden, County of Douglas, State of Nevada:

LOT 7 IN BLOCK I OF VISTA GRANDE SUBDIVISION NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON NOVEMBER 9, 1964, FILE NO. 26518.

Dated: Feb 14, 2020
Mary K Vancura
Mary K. Vancura, Affiant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On February 14, 2020, before me, Caren Cafferata-Jenkins
Notary Public, personally appeared MARY K. VANCURA, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit-Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.



Caren Cafferata-Jenkins
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4062966

CERTIFICATE OF DEATH

2019001480
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) Hans J VANCURA		2 DATE OF DEATH (Mo/Day/Year) January 24, 2019		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Renown Regional Medical Center		3e If Hosp. or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 83		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) January 12, 1936		9a STATE OF BIRTH (If not US/CA, name country) Germany		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary K WOLF	
13 SOCIAL SECURITY NUMBER ██████-9495		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Inspector		14b KIND OF BUSINESS OR INDUSTRY Aerospace	
15a RESIDENCE - STATE Nevada		15b COUNTY Carson City		15c CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 3483 Carnelian Way		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Fritz VANCURA			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Lizbeth RENGER		
18a INFORMANT- NAME (Type or Print) Mary K VANCURA		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 3483 Carnelian Way Carson City, Nevada 89705			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) Laura D Knight 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) Laura D Knight MD SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) January 26, 2019		21c HOUR OF DEATH 14:48		22b DATE SIGNED (Mo/Day/Yr) January 24, 2019	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH 14:48		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 24, 2019	
22e PRONOUNCED DEAD AT (Hour) 14:48		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laura D Knight MD 990 E Ninth St Reno, NV 89512			
23b. LICENSE NUMBER 15930		24a REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 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 (a) Complications Of Subdural Hematoma					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Ground Level Fall(s)					
DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Atherosclerotic Cardiovascular Disease, Hypertension, Type 2 Diabetes Mellitus, Chronic Kidney Disease, Atrial Fibrillation, Chronic Anti-Platelet Therapy					
26 AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC. SUICIDE, HOM, UNDET. OR PENDING INVEST (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) January 01, 2019		28c HOUR OF INJURY 1832	
28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall(s) With Medical Co-Morbidities					
28e INJURY AT WORK (Specify Yes or No) No		28f PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g LOCATION STREET OR R.F.D No CITY OR TOWN STATE 3483 Carnelian Way Carson City Nevada	

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:

FEB 05 2019

Julie Katchear
STATE REGISTRAR

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

