

APN# 1420-07-815-010



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Handelin Law, Ltd.

Address: P.O. Box 4568

City/State/Zip: Carson City, Nevada 89703

Mail Tax Statements to:

Name: Nadine D. Hays

Address: 994 Mica Drive

City/State/Zip: Carson City, Nevada 89705

Affidavit of 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)

Hannah Rhoades

Signature

Hannah Rhoades

Printed Name

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

APN: 1420-07-815-010

WHEN RECORDED MAIL TO:

Handelin Law, Ltd.
Steven P. Handelin, Esq.
PO Box 4568
Carson City, NV 89702

MAIL TAX NOTICES TO:

Nadine D. Hays
994 Mica Drive
Carson City, Nevada 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

I, Nadine D. Hays, being first duly sworn, deposes and says:

That Stephen A. Hays, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as Stephen A. Hays, named as one of the parties in that certain deed dated November 8, 2004, and executed by Vincent Decasper and Cliffie Decasper, known as "Grantors" to Stephen A. Hays and Nadine D. Hays, husband and wife as joint tenants, known as "Grantees", recorded on November 22, 2004 as Document Number 0630050, of the Official Records of Douglas County, Nevada, covering the real property known as 973 Hillside Drive, Carson City, Nevada 89705, and as described as follows:

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

Lot 14, in Block O, as set forth on the Final Map No. 1001-8 of Sunridge Heights, Phase 7B & 9, a planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 5, 1995, Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.

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

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security number of the Decedent.

Per NRS 111.312, this legal description was previously recorded on November 22, 2004 as Document No. 0630050.

I declare under penalty of perjury, that the foregoing is true and correct.

Dated this 27 day of April 2020.

*NADINE D. HAYS BY
Debra Hays-Vaughn
~~POWER OF ATTORNEY~~
Nadine D. Hays by Debra Hays-Vaughn
Power of Attorney*

STATE OF NEVADA)
)
) :ss
CARSON CITY)

SUBSCRIBED and SWORN to before me this 27 day of April 2020, by Debe Hays-Vaughn as attorney-in-fact for Nadine D. Hays, proved to me on the basis of satisfactory evidence to the person who appeared before me.

[Seal]



Hannah Rhoades

NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2013008935

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Stephen Arnold HAYS		2. DATE OF DEATH (Mo/Day/Year) May 14, 2013		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) January 08, 1922		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Nadine DENNEY	
PARENTS	13. SOCIAL SECURITY NUMBER 5104		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Chemical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 973 Hillside Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry HAYS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel WELKER		18a. INFORMANT - NAME (Type or Print) Nadine D HAYS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 973 Hillside Drive Carson City, Nevada 89705	
TRADE CALL	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) TIM FANELLI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 708		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ELLEN G.I. CLARK M.D. 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) ELLEN G.I. CLARK M.D. SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) May 23, 2013	
	21b. DATE SIGNED (Mo/Day/Yr) May 23, 2013		21c. HOUR OF DEATH 20:30		22c. HOUR OF DEATH 20:30	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 14, 2013		22e. PRONOUNCED DEAD AT (Hour) 20:30	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520		23b. LICENSE NUMBER 5850		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2013		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) Encephalopathy with seizures DUE TO, OR AS A CONSEQUENCE OF: (b) Subacute subdural hematoma (recently surgically evacuated) DUE TO, OR AS A CONSEQUENCE OF: (c) Blunt force trauma DUE TO, OR AS A CONSEQUENCE OF: (d)	
	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) February 18, 2013		28c. HOUR OF INJURY 2000	
	28d. DESCRIBE HOW INJURY OCCURRED Ground level fall with 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 Dominical Costa Rica		28h. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE				

STATE REGISTRAR

484577

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:

06/03/2013

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

VR-Rev-20120523a

