DOUGLAS COUNTY, NV 2020-954990 Rec:\$40.00
Recording Requested by: STEWART TITLE COMPANY KAREN ELLISON, RECORDER
Name: Stewart Title Company
Address: 10539 Professional Circle #102
City/State/Zip: Reno, NV 89521
When Recorded Mail to:
Name: Stephen Lee Teshara
Address: P.O. Box 1776
City/State/Zip: Zephyr Cove, NV 89448 (for Recorder's use only)
Mail Tax Statement to: Name: Stephen Lee Teshara Address: P.O. Box 1776 City/State/Zip: Zephyr Cove, NV 89448
Affidavit - Death of Joint Tenant
(Title of Document)
Please complete Affirmation Statement below:
I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)
-OR-
I the undersigned hereby affirm that the attached document, including any exhibits, hereby
submitted for recording does contain the personal information of a person or persons as required by law: NRS 440-380 (1) (a) and 40.525 (5)
(State specific law)
Title Agent
Signature Title Agent Title
Danny E Montes.
Printed Name
This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.
This cover page must be typed or printed in black ink.

A.P.N. No.:	1318-15-611-055						
File No.:	773805						
R	lecording Requ	ested By:					
	Stewart Title C	ompany					
Mail Tax Statements To: Same as below							
V	Vhen Recorded						
Stephen L. To	eshara						
P.O. Box 177	6						
Zephyr Cove,	NV 89448						

Zephyr Cove, NV 89448	
AFFIDAVIT - DEATH	OF JOINT TENANT
State of Nevada)	
County of Carson City) ss)	
Stephen Lee Teshara of legal age, being first duly swo Teshara, the decedent mentioned in the attached certi person as Sandra Teshara, named as one of the particulated February 9, 2005 executed by Steve L. Teshara Steve Teshara and Sandra Teshara, husband and wife 0665313, on January 10, 2006 in Book N/A, Page N/A covering the following described property situated in D	fied copy of Certificate of Death, is the same es in that certain Grant, Bargain, and Sale Deed and Sandra E. Teshara, husband and wife to e, as joint tenants, recorded as Document No. of Official Records of Douglas County Nevada, ouglas County, State of Nevada.
Lot 3 in Block D, of ROUND HILL VILLAGE UNIT NO. of the County Recorder of Douglas County, State of New York (1997).	4, according to the map thereof, filed in the office ≥vada, on April 25, 1966, as Document No. 31837.
APN: 1318-15-611-055 Dated: October 17, 2020.	
Stephen Lee Teshara	
State of	
This instrument was acknowledged before me on the _ By: Stephen Lee Teshara.	17 day of <u>Ochber</u> , 2020
Signature: Sukmfass Notary Public	ERIKA D MARSTON Notary Public-State of Nevada APPT. NO. 17-2694-5 My Appt. Expires 07-01-2021

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

VITAL STATISTICS

	ILE NO. 4152856		CERTIF	ICATE OF	- DEATH			20013503 TE FILE NUMBER	
TYPE OR PRINT IN	1a DECEASED-NAME (FIRST	,MIDDLE,LAST,SUFFI	x)	76A 25A 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		2. DATE OF DEATI	1177 17 17	Isa. COUNTY OF I	3CATU
PERMANENT	Sandra	Elisabeth		TESHARA		June 29			
BLACK INK	36. CITY, TOWN, OR LOCATIO	N OF DEATH 13c. HOS	SPITAL OR OTHER IN	ISTITUTION -Nan	ne(If not either give	street and a If Hose	or Inst. indicate O	OA OR/Emer Pm	n City I4. SEX
	Carson City	number	⁾ Carson Taho	rangi birawasang Samurana a - SSA	the state of the second state of the second	Inpatient(Specify)		
DECEDENT	5. RACE (Specify)		6. Hispanic Origin?			7h HMDED 1 VEAT	Intensive Care	Unit (ICU) Y 8. DATE OF BIRT	Female
	W	hite	No - Non-Hi	spanic (Ye	ears)	MOS DAYS	HOURS MIN		
IF DEATH	9a. STATE OF BIRTH (If not US	/CA. ISB. CITIZEN	OF WHAT COUNTRY	10 EDUCATION	75	S (Specify) 12 SU	RVIVING SPOUSES N		, 1944
IF DEATH OCCURRED IN INSTITUTION SEE	name country) Virginia	I WE WILL IN THE	EN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATUS (Married 12) AL OCCUPATION (Give kind of Work Done During Most of			JS (Specify) 12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) and Stephen L TESHARA 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armer			
REGARDING	13. SOCIAL SECURITY NUMBE	R 14a USUAL							
COMPLETION OF RESIDENCE ITEMS	-0647			okkeeper			lio Broadcastir	ig Forc	es? No
I Ema		15b. COUNTY	15c CITY,	TOWN OR LOCA	FION 15d STR	EET AND NUMBER		15e. Lifat	INSIDE CITY TS (Specify Yes
`	<u>Nevada</u>	Douglas	<u> Ι Ζε</u>	ephyr Cove	Control of the Contro	?aiute Dr		or N	") Yes
PARENTS	16. FATHER/PARENT - NAME				17. MOTHER/P/	ARENT - NAME (F	Marie Company of the		
	18a INFORMANT- NAME (Type	sel Young VAN	THE CHARLES HE SHAWN IN THE STREET			C TO BE THE THE TAX OF THE PARTY OF THE PART	Ruth WRIGH	T	
	 A trade of the control of the control	L TESHARA	180 1	MAILING ADDRES		D. No, City or Tow	ALL STREET	246	
	19a. BURIAL, CREMATION, REI	Annual Control of the	MALISH CEMETERY	OR CREMATOR	V NAME	1776 Zephyr C	CONTRACTOR OF THE PROPERTY OF	Circumstance Company of the Company	
DISPOSITION	Cremati				y's Crematory		The second of the second of the second	on City Nevada	State POZO1
	20a. FUNERAL DIRECTOR - SIC	SNATURE (Or Person)	Acting as Such) 120	Particular Control (2)		E AND ADDRESS (JII Oity INEVAUA	09/01
	CHRIS	TIE D WILDE		CENSE NUMBER			zhenrys Funer	al Home	
1200 1 1400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE RESIDENCE OF THE PARTY OF T	URE AUTHENTICA	TED			3945 Fair	view Dr. Carson	City NV 89701	
TRADE CALL	TRADE CALL - NAME AND ADD								ATT AND THE PARTY OF THE PARTY
	21a. To the best of my known of the cause(s) stated.(Signature)	owledge, death occurre	d at the time, date and SIGNATURE AUTI	place and due	22a On the b	asis of examination a	nd/or investigation, in	my opinion death occ d. (Signature & Title)	urred
	\$ \$ \$	TODD CHAPM			10 L	an an hare su on	to the cause(s) state	ar (Signature & Line)	
CERTIFIER	21b. DATE SIGNED (Mo/	Day/Yr) 216	C HOUR OF DEATH		22b. DATE	SIGNED (Mo/Day/)	(r) 22c	HOUR OF DEATH	
	경출 June 30, 2020 유는 21d NAME OF ATTENDI		12:11		రక				
	윤물 21d. NAME OF ATTENDI 스뜌 (Type or Print)	NG PHYSICIAN IF OT	HER THAN CERTIFIE	R	22d PROM	IOUNCED DEAD (N	lo/Day/Yr) 22e	PRONOUNCED DE	(nuoH) TA CA
	23a. NAME AND ADDRESS OF	CERTIFIER (PHYSICIA	IN ATTENDING PHY	SICIAN MEDICAL	EVALUNCO OD	COCONED CT.		201 11000110011	
		Todd Chapman M	D 1470 Medica	I Pkwy Carso	on City, NV 89	703	r Piliti	23b. LICENSE NUME 5933	JER .
REGISTRAR	24a. REGISTRAR (Signature)	programme and the programme and the programme	T STOREY	24b	. DATE RECEIVED		24c. DEATH D	UE TO COMMUNICA	BLE DISEASE
		SIGNATURE A	UTHENTICATED	(Mo	/Day/Yr) Ju	ly 01, 2020	, YE		XI
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LINE FO	R (a), (b), AND (c	33	CONTROL WAS ALCOHOLD TO A STATE OF THE STATE		Interval between c	nset and death
DEATH	A CONTRACTOR OF THE PARTY OF TH	icular Rupture	The second real Part of the second real Part of the			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		S A CONSEQUENCE C						Interval between o	nset and death
CONDITIONS IF ANY WHICH	<u> </u>	ve Replaceme	Principle of the second se						
GAVE RISE TO IMMEDIATE	Mitral Sto	S A CONSEQUENCE O)F :			The state of the s	100	Interval between o	nset and death
CAUSE STATING THE -> UNIDERLYING	10)	A CONSEQUENCE C					J		
CAUSE LAST	Ftiology I		<i>T</i> :					Interval between o	nset and death
	(d) LIBIOSY C	· L. Transparenti Language Village and	ne contribution to d	b but not read					
		OUNDITIONS—COMMO	ne community to deal	i but not resulting	in the underlying o	ause given ni ⊬art 1	26. AUTO Yes or No	PSY (Specifi27, WAS REFERRE	DASE D TO CORONER
	28a ACC., SUICIDE, HOM, UNDFT	28b. DATE OF INJURY (III	to/Dav/Yr) \$28+ L	OUR OF INJURY	Tosa necoporto	W INJURY OCCURRE		No (Specify)	ED TO CORONER (ess or No) No
	28a ACC: SUICIDE, HOM., UNIDET. OR PENDING INVEST. (Specify)			Con Or Mount)	ZOL DESCRIBE PA	MA NASORT OCCURRE		A CONTROL OF THE CONT	
	28e. INJURY AT WORK (Specify	28f. PLACE OF INJUR	RY- At home, farm, stre	et, factory, office	28g LOCATION	STREET OR	R.F.D. No. CIT	Y OR TOWN	STATE
And SALES OF BUILDING	Yes or No)	building, etc. (Specify)	and differentiation of the field.	The real of the state of the second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the second section in the section is the section in the section in the section is the section in the section in the section is the section in the section is the section in the section is the section in the section in the section is the section in the section in the section is the section	tree to the expenses of the private that	grande et en en en elle	er alle State (1996) Lei St	الكاران والكالكان والمجارين والمحا	e binetici Easivilli.





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:

7/7/2020

STATE REGISTRAR



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

WASHOE COUNTY RECORDER

OFFICE OF THE RECORDER KALIE M. WORK, RECORDER

1001 E. NINTH STREET RENO, NV 89512PHONE (775) 328-3661
FAX (775) 325-8010

LEGIBILITY NOTICE

The Washoe County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties rights may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy.

Signature

Dai

Printed Name