

APN# 1318-15-611-055

DOUGLAS COUNTY, NV **2020-954990**  
Rec: \$40.00  
\$40.00 Pgs=4 10/22/2020 02:40 PM  
STEWART TITLE COMPANY  
KAREN ELLISON, RECORDER

**Recording Requested by:**

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

**Mail Tax Statement to:**

Name: Stephen Lee Teshara  
Address: P.O. Box 1776  
City/State/Zip: Zephyr Cove, NV 89448

( for Recorder's use only )

Affidavit - Death of Joint Tenant

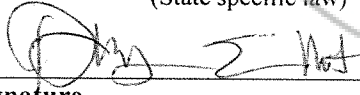
( Title of Document )

**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

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.



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

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

CASE FILE NO. 4152856

**CERTIFICATE OF DEATH**

2020013503

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>Sandra Elisabeth TESHARA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 29, 2020</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>75</b>	
7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 01, 1944</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Virginia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Stephen L TESHARA</b>			
13. SOCIAL SECURITY NUMBER <b>0647</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Radio Broadcasting</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>282 Paiute Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Hansel Young VAN FOSSEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth WRIGHT</b>		
18a. INFORMANT - NAME (Type or Print) <b>Stephen L TESHARA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 1776 Zephyr Cove, Nevada 89448</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenrys Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</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) <b>TODD CHAPMAN MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>June 30, 2020</b>		21c. HOUR OF DEATH <b>12:11</b>		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Todd Chapman MD 1470 Medical Pkwy Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>5933</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 01, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Left Ventricular Rupture</b> Interval between onset and death					
(b) <b>Mitral Valve Replacement</b> Interval between onset and death					
(c) <b>Mitral Stenosis</b> Interval between onset and death					
(d) <b>Etiology Unknown</b> 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.					
26. AUTO-PSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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			

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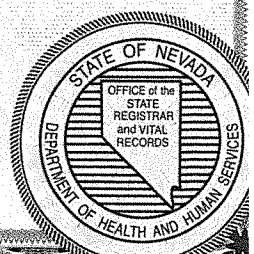
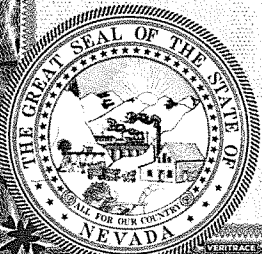
CERTIFIED COPY OF VITAL RECORDS

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.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# WASHOE COUNTY RECORDER

OFFICE OF THE RECORDER  
KALIE M. WORK, RECORDER

1001 E. NINTH STREET  
RENO, NV 89512  
PHONE (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

10/21/2020  
\_\_\_\_\_  
Date

Danny Montes  
\_\_\_\_\_  
Printed Name