

DOUGLAS COUNTY, NV

2020-955739

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FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1318-15-711-031

Escrow No.: 20009138-DR

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
Nancy K. Rouse, Trustee
Nancy K. Rouse Revocable Trust
P.O. Box 11164
Zephyr Cove, NV 89448

Mail Tax Statements to:
**Shaohua Yang, Trustee of The Shaohua Yang
Living Trust, established May 10, 2016**
1477 Elka Ave.
San Jose, CA 95129

SPACE ABOVE FOR RECORDERS USE

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 contain the social security number of a person or persons as required by law: NRS 440.380(1) (state specific law).

Cindy Brewer
SIGNATURE

Title ASSISTANT
TITLE

Cindy Brewer
Print Signature

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.

SPACE BELOW FOR RECORDER

APN: 1318-15-711-031
Escrow No. 20009138-DR

When Recorded Return to:
Nancy K. Rousse, Trustee of Nancy K Rousse
Revocable Trust dated October 4, 2018
P.O. Box 11164
Zephyr Cove, NV 89448

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Nancy Rousse, of legal age, being duly sworn, deposes and says

That Douglas Raymond Rousse the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Doug Rousse named as one of the parties in that certain Grant, Bargain, Sale Deed dated April 24, 2002 executed by Joseph L. Carter & Betty J. Carter husband and wife as joint tenants to Doiug Rousse and Nancy Rousse, husband and wife as joint tenants recorded as Instrument No.540821 , on April 26 ,2002 in Book 0402 Page 8878 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 4, in Block B of Round Hill Village, Unit No. 2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on August 31st, 1965, in Book 1 of Maps, Document No. 29312.

Assessors Parcel No.: 1318-15-711-031

Nancy Rousse
Nancy Rousse

Dated: 11/3/2020


STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 3 day of November, 2020 by

Nancy Rousse

Dena Reed
Notary Public

 **DENA REED**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-80676-5 - Expires March 14, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4008746

CERTIFICATE OF DEATH

2018005111
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Douglas Raymond ROUSSE		2. DATE OF DEATH (Mo/Day/Year) March 10, 2018		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. Inpatient(Specify)) 252 Cheyenne Circle Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____	
	8. Hispanic Origin? Specify No - Non-Hispanic		11. MARITAL STATUS (Specify) Married		8. DATE OF BIRTH (Mo/Day/Yr) May 11, 1950	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	13. SOCIAL SECURITY NUMBER ██████████-9610		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of _____) Logistics		14b. KIND OF BUSINESS OR INDUSTRY Transportation	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
	15d. STREET AND NUMBER 252 Cheyenne Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Darcey Raymond ROUSSE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Yvonne Charlotte LABADIE			
	18a. INFORMANT- NAME (Type or Print) Nancy ROUSSE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 11164 Zephyr Cove, Nevada 89448			
TRADE CALL	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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) IGNATIUS K KYEREMEH 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) IGNATIUS K KYEREMEH SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) May 19, 2018		21c. HOUR OF DEATH 21:44		22b. DATE SIGNED (Mo/Day/Yr) March 10, 2018	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 21:44		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 10, 2018	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ignatius K Kyeremeh 1038 Buckeye Rd Minden, NV 89423		23b. LICENSE NUMBER			
CAUSE OF DEATH	24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 2018		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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Accidental Drowning		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(d) DUE TO, OR AS A CONSEQUENCE OF:		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. AUTOPSY (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) March 10, 2018		28c. HOUR OF INJURY 2144		
28d. DESCRIBE HOW INJURY OCCURRED Accidental Drowning In Hot Tub		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 252 Cheyenne Ck Zephyr Cove, Zephyr Cove Nevada				

STATE REGISTRAR

VRS-Rev-20120523a



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: **MAY 22 2018**

Julie Katchear
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]

