

APN# 1420-07-814-005

DOUGLAS COUNTY, NV **2020-958226**  
Rec:\$40.00  
\$40.00 Pgs=3 12/15/2020 03:17 PM  
LAW OFFICE OF DANIEL J. SPENCE  
KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**  
Name: Beverly A. Dean  
Address: 961 Hilltop Ct.  
City/State/Zip: Carson City, NV 89705

**Mail Tax Statements to:**  
Name: same  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**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)

  
Signature

Daniel Spence, Esq  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APN# 1420-07-814-005

Recording requested by and  
WHEN RECORDED MAIL TO:

Beverly A. Dean  
961 Hilltop Ct.  
Carson City, NV 89705

AFFIDAVIT TERMINATING JOINT TENANCY

I, Beverly A. Dean, being first duly sworn, depose and say that:

1. I am the widow of Robert A. Dean, the joint tenant, who died on or about September 9, 2020, in Carson City, State of Nevada. A certified copy of the death certificate is attached hereto and made a part hereof.

2. The conveyance by which the joint tenancy was created is that certain Grant, Bargain and Sale Deed, recorded Mar. 5, 1998 in Official records of Douglas County, Nevada, in Document No. 434099.

3. The real property is situate in Douglas County, State of Nevada, and more particularly described as follows:

**LOT 55, IN BLOCK M, AS SET FORTH ON FINAL MAP NO. 1001-9 OF SUNRIDGE HEIGHTS, PHASES 6B, 7A AND 8B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 30, 1996, IN BOOK 196, PAGE 5112, AS DOCUMENT NO. 380052 AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 2, 1996, IN BOOK 296, PAGE 251, AS DOCUMENT NO. 380351.**

4. The undersigned does hereby swear under penalty of perjury that the foregoing assertions are true and correct.

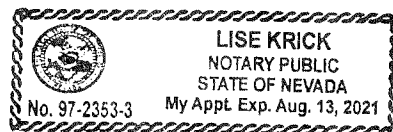
DATED: December 15, 2020.

  
\_\_\_\_\_  
Beverly A. Dean

STATE OF NEVADA  
CARSON CITY

This instrument was acknowledged before me on December 15, 2020, by Beverly A. Dean.

  
\_\_\_\_\_  
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. 4166946 2020019809  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

<b>DECEDENT</b>	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Robert Anthony DEAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 09, 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 <b>Carson Tahoe Regional Medical Center</b> Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>	
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>80</b>	
	9a. STATE OF BIRTH (If not US/CA, name country) <b>Massachusetts</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
<b>PARENTS</b>	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Beverly O'NEIL</b>		13. SOCIAL SECURITY NUMBER <b>0158</b>	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>		Ever in US Armed Forces? <b>Yes</b>	
<b>POSITION</b>	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
	15d. STREET AND NUMBER <b>961 Hilltop Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert Edward DEAN</b>	
<b>TRADE CALL</b>	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Amelia BARACEWICZ</b>		18a. INFORMANT- NAME (Type or Print) <b>Beverly DEAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>961 Hilltop Ct Carson City, Nevada 89705</b>	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
<b>CERTIFIER</b>	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
	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>STEVEN L ELLIOTT MD</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>September 11, 2020</b>		21c. HOUR OF DEATH <b>11:29</b>	
<b>REGISTRAR</b>	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
<b>CAUSE OF DEATH</b>	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven L Elliott MD 1200 Mountain Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>10151</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 11, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST</b>	PART I (a) <b>Congestive Heart Failure</b>		Interval between onset and death		26. AUTOPSY (Specify Yes or No) <b>No</b>	
	(b) <b>Coronary Artery Disease</b>		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
(c) <b>Hypertension</b>		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		
(d) <b>Peripheral Vascular Disease,</b>		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, fam, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

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: **NOV 04 2020**

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

