

APN# 1420-07-814-006

DOUGLAS COUNTY, NV **2020-958229**
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# 1420-07-814-006

Recording requested by and
WHEN RECORDED MAIL TO:

Beverly A. Dean, TRE
961 Hilltop Ct.
Carson City, NV 89701

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.

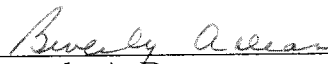
2. The conveyance by which the joint tenancy was created is that certain Grant, Bargain and Sale Deed, recorded Sept. 10, 2013 in Official records of Douglas County, Nevada, in Document No. 830360.

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

LOT 56, IN BLOCK M, AS SET FORTH ON FINAL MAP NO. 1001-9 OF SUNRIDGE HEIGHTS, PHASES 6B, 7A AND 8B, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 30, 1996, IN BOOK 195, PAGE 5112, AS DOCUMENT NO. 380052 AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 2, 1996, IN BOOK 296, PAGE 251, AS DOCUMENT NO. 380351 AND ALSO BY CERTIFICATE OF AMENDMENT RECORDED AUGUST 14, 1996, IN BOOK 896, PAGE 2586, AS DOCUMENT NO. 394288 OF OFFICIAL RECORDS.


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

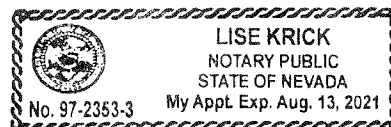
DATED: December 15, 2020.


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

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Anthony DEAN		2. DATE OF DEATH (Mo/Day/Year) September 09, 2020		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 04, 1940	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Beverly O'NEIL			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-0158		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
POSITION	15d. STREET AND NUMBER 961 Hilltop Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Edward DEAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Amelia BARACEWICZ		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Beverly DEAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 961 Hilltop Ct Carson City, Nevada 89705			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) STEVEN L ELLIOTT MD SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) September 11, 2020		21c. HOUR OF DEATH 11:29			
	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)	
CAUSE OF DEATH	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) Steven L Elliott MD 1200 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 10151	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 11, 2020		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).)					
STATE REGISTRAR	PART I (a) Congestive Heart Failure		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:					
STATE REGISTRAR	(b) Coronary Artery Disease		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:					
STATE REGISTRAR	(c) Hypertension		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:					
STATE REGISTRAR	(d) _____		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Peripheral Vascular Disease.						
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		
26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



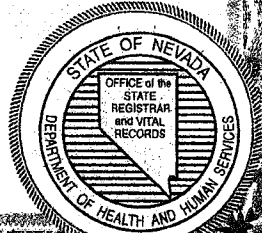
CERTIFIED COPY OF VITAL RECORDS

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.

STATE REGISTRAR
Wesley T Storey



VRS-Rev-20120523a