

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME LORENA ROSAS SANCHEZ

STREET ADDRESS 166 Fairs of Stateline

CITY, STATE & ZIP CODE NV. 89449

DOUGLAS COUNTY, NV

2021-959561

Rec:\$40.00

01/07/2021 02:25 PM

Total:\$40.00

LORENA SANCHEZ ROSAS

Pgs=3



00126068202109595610030033

KAREN ELLISON, RECORDER

TITLE ORDER NO.

ESCROW NO.

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN: 1318-220-020-33

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF _____

COUNTY OF _____

LORENA SANCHEZ ROSAS, of legal age, being first duly sworn, deposes and says:

That JOSE SANCHEZ VELAZQUEZ, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSE SANCHEZ VELAZQUEZ, named as one of the parties in that certain DEED dated January 09, 1998 executed by KENNETH C. DAHLEN AND DARIENE M. DAHLEN, Husband and wife to JOSE S. VELAZQUEZ & ISRAEL P. SANCHEZ, husband and wife as joint tenants, recorded as Instrument No. 0430352, on January 14, 1998 of the Official Records in the Office of the County Recorder of Douglas County, State of NEVADA, concerning the following described real property situated in the City of Stateline, County of Nevada Douglas, State of Nevada: (Insert legal description)

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ _____

Dated this 07 day of January, 2021

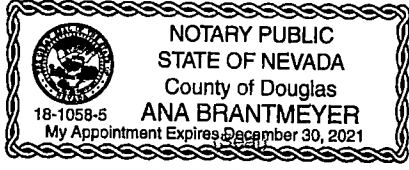
Lorena Sanchez Rosas
(Type or print full name of affiant)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 7th day of January, 2021

by Lorena S. ROSAS, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



* There are various types of deed forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

Exhibit "A"

The Real Property located in the City of STATELINE, County of DOUGLAS, State of NV.

LOT 47 IN BLOCK 2, OLIVER PARK SUBDIVISION, AS SHOWN ON THE OFFICIAL MAP RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, FEBRUARY 2, 1959, DOCUMENT NO. 14034.

0589660

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3631007

2011020202
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) Jose Sanchez VELAZQUEZ		2. DATE OF DEATH (Mo/Day/Year) December 21, 2011		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an Sunrise Hospital Medical Center		3e. If Hosp or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Male		5. RACE (Specify) Mexican		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) March 19, 1923		9a. STATE OF BIRTH (If not US/CA, name country) Mexico		9b. CITIZEN OF WHAT COUNTRY Mexico	
10. EDUCATION 15		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5034		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Hotel Services		14b. KIND OF BUSINESS OR INDUSTRY Hotel	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 2313 San Jose Ave.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Pedro Sanchez CABALLERO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Matilde VELASQUEZ		
18a. INFORMANT- NAME (Type or Print) Aracely SANCHEZ		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 2313 San Jose Ave. Las Vegas, Nevada 89104			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION City or Town State Las Vegas Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Simple Cremation and Burial Services 3658 N Rancho Drive #101 Las Vegas NV 89130	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowldge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) MARIA ARRASTIA MD			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) December 30, 2011		21c. HOUR OF DEATH 07:48		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) MARIA ARRASTIA MD 3186 S. Maryland Parkway Las Vegas, NV 89106				23b. LICENSE NUMBER 11227	
24a. REGISTRAR (Signature) NINETTE HARRINGTON		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2011		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).) PART I (a) Cardiorespiratory arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Intracerebral hemorrhage, non-traumatic DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertensive emergency DUE TO, OR AS A CONSEQUENCE OF: (d)				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) No	
28a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	

LOCAL REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JAN 11 2018**

Registrar of Vital Statistics
By: *Pamela Thomas*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

