

DOUGLAS COUNTY, NV **2021-966540**
 Rec:\$40.00
 \$40.00 Pgs=2 **04/29/2021 01:39 PM**
 STEWART TITLE COMPANY - NV
 KAREN ELLISON, RECORDER

A.P.N. No.:	1220-22-410-050
File No.:	1162008 WLD
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Rosemarie Dains	
1966 Mule Lane	
Gardnerville, NV 89410	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
 County of Douglas)

Rosemarie Dains, of legal age, being first duly sworn, deposes and says: That Edmund Frank Dains, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Edmund F. Dains named as one of the parties in that certain Grant, Bargain and Sale Deed dated June 24, 2013 executed by Edmund F. Dains to Edmund F. Dains and Rosemarie Dains, husband and wife as joint tenants, recorded as Document No. 0825889, on June 24, 2013 in Book 0613, Page 6099 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 841 of GARDNERVILLE RANCHOS UNIT NO. 7, according to the official map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Dated: April 14, 2021.

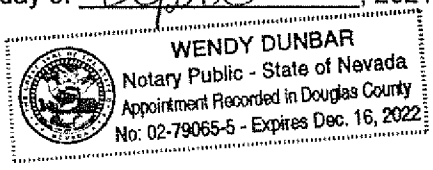
Rosemarie Dains

 Rosemarie Dains

State of Nevada)
) ss
 County of Douglas)

This instrument was acknowledged before me on the 22 day of April, 2021
 By: Rosemarie Dains

Signature: _____
 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. 4032721

CERTIFICATE OF DEATH

2018014797
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) Edmund Frank DAINS		2. DATE OF DEATH (Mo/Day/Year) July 30, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and No.) 1966 Mule Ln.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) July 27, 1944	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1-YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8a. STATE OF BIRTH (If not US/CA, name country) California		8b. CITIZEN OF WHAT COUNTRY United States		8c. EDUCATION 12	
9a. SOCIAL SECURITY NUMBER ██████████ 2369		9b. USUAL OCCUPATION (Give Kind of Work Done During Most of) Manager		9c. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rosemarie Patricia NANNINI	
10a. RESIDENCE - STATE Nevada		10b. COUNTY Douglas		10c. CITY, TOWN OR LOCATION Gardnerville	
10d. STREET AND NUMBER 1966 Mule Ln.		10e. INSIDE CITY LIMITS (Specify Yes or No) Yes		10f. Ever in US Armed Forces? No	
11. FATHER/PARENT - NAME (First Middle Last Suffix) Edmund Charles DAINS			11. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara Irene DENNY		
12. INFORMANT-NAME (Type or Print) Rosemarie Patricia DAINS			12. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1966 Mule Ln. Gardnerville, Nevada 89410		
13a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		13b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		13c. LOCATION City or Town State Carson City Nevada: 89701	
14a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		14b. FUNERAL DIRECTOR LICENSE NUMBER FD917		14c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N. Gardnerville NV 89410	
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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED			21a. 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) August 01, 2018		21c. HOUR OF DEATH 19:05		21b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. PRONOUNCED DEAD (Mo/Day/Yr)		21c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 02, 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).) PART I (a) Prostate Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) 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 1.				26. AUTOPSY (Specify Yes or No) No	
26a. AGC, SUICIDE, HGM, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

AKA: Eddie DAINS

000731744



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: **8/7/2018**

Julie Katchmar
SIGNATURE AUTHENTICATED

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

