

DOUGLAS COUNTY, NV

2021-976774

Rec:\$40.00

\$40.00

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11/09/2021 03:35 PM

STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

APN# : 1420-28-312-012

Recording Requested By:

Stewart Title Company

When Recorded Mail To:

Tina M. Carlsen

3720 S. Curry Street #102

Carson City, NV 89703

Mail Tax Statements to: (deeds only)

Same as above

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Sherry Baker – Escrow Officer

Affidavit – Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

A.P.N. No.:	1420-28-312-012
File No.:	1436917 SAB
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Tina M. Carlsen	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
County of Washoe)

Tina M. Carlsen, of legal age, being first duly sworn, deposes and says: That Fredrick R. Kelly, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fredrick R. Kelly named as one of the parties in that certain Grant, Bargain, and Sale Deed dated March 13, 2003 executed by Merrill Construction, Inc., a Nevada Corporation to Fredrick R. Kelly and Tina M. Carlsen, husband and wife as joint tenants with right of survivorship, recorded as Document No. 0569898, on March 13, 2003 in Book 0303, Page 05760 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

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

Lot 163, Block B, as shown on the Final Map # PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada, on June 28, 2002, in Book 602, at Page 10142, as Document No. 546028.


Dated: 11-8, 2021.

Tina M. Carlsen
Tina M. Carlsen, Surviving Join Tenant

State of Nevada)
County of Washoe) ss

This instrument was acknowledged before me on the 8 day of November, 2021
By: Tina M. Carlsen

Signature: [Handwritten Signature]
Notary Public

 SHERRY BAKER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-43284-2 - Expires Nov. 05, 2022

(One inch Margin on all sides of Document for Recorder's Use Only)

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4023389

CERTIFICATE OF DEATH

2018011032
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) Fredrick Rheul KELLY		2. DATE OF DEATH (Mo/Day/Year) June 05, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 2878 La Cresta Circle		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 08, 1943		9a. STATE OF BIRTH (if not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Tina CARLSEN	
13. SOCIAL SECURITY NUMBER ██████████-4961		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Research	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2878 La Cresta Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Virgil KELLY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Lois HART		
18a. INFORMANT - NAME (Type or Print) Tina CARLSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2878 La Cresta Circle Minden, Nevada 89423			
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) ZACHARY D HICKMAN 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) ZACHARY D HICKMAN SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) June 29, 2018		21c. HOUR OF DEATH 08:40		22b. DATE SIGNED (Mo/Day/Yr) June 29, 2018	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) June 05, 2018		22e. PRONOUNCED DEAD AT (Hour) 08:40	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 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) Gunshot Wound of the Head 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) _____ Interval between onset and death				26. AUTOPSY (Specify Yes or No) Yes	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Cerebrovascular Accident, Left Side Paralysis, Hypertension, COPD, Depression				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
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 Nevada	

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:

7/17/2018

Julie Katchear
SIGNATURE AUTHENTICATED

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

