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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1420-33-701-009

Recording requested by:)
Elaine Smith)
2660 Becky Avenue)
Minden, NV 89423)

When recorded mail to:)
Elaine Smith)
2660 Becky Avenue)
Minden, NV 89423)

Mail tax statement to:)
Elaine Smith)
2660 Becky Avenue)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-OWNER

I, ELAINE M. SMITH, of legal age, being first dully sworn, declare under penalty of perjury that:

BRUCE D. SMITH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BRUCE D. SMITH, named as one of the parties (transferee/ husband) in that certain deed dated November 18, 2005, recorded on November 21, 2005, as Document No. 0661245, in Book 1105, Page 9340, in the Official Records of Douglas County, Nevada, that certain deed dated March 10, 2009, recorded on March 11, 2009, as Document No. 0739388, in Book 0309, Page 2471, in the Official Records of Douglas County, Nevada, and in that certain deed upon death dated December 5, 2014, recorded on December 22, 2014, as Document No. 2014-854723, in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Parcel D as shown on the Parcel Map for John T. & Gay Bidwell, filed July 20, 1976, in Book 776, Page 1023, as Document No. 1876, Douglas County, Nevada

Together with the tenements, hereditaments and appurtenances thereto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

BRUCE D. SMITH, the deceased party, died on May 30, 2020, as shown in the attached certified copy of Certificate of Death.

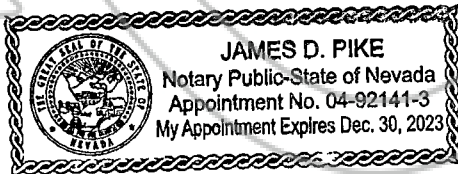
The Affiant, ELAINE M. SMITH, is the Wife of the deceased party and the sole surviving party in all that real property described above, previously held as husband and wife as community property with right of survivorship, now holding title in that real property described above as a single woman as her sole and separate property.


Executed on this February 23, 2022, in Douglas County, State of Nevada.


ELAINE M. SMITH

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this February 23, 2022, by ELAINE M. SMITH.




NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4148211

CERTIFICATE OF DEATH

2020011616
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Bruce David SMITH		2. DATE OF DEATH (Mo/Day/Year) May 30, 2020		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 and number) 2660 Becky Ave		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) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 23, 1936		9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Elaine Matilda WIKSTROM	
13. SOCIAL SECURITY NUMBER -0499		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Postal Clerk		14b. KIND OF BUSINESS OR INDUSTRY U. S. POSTAL SERVICE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2660 Becky Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Bruce I SMITH	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen HANNA		18a. INFORMANT- NAME (Type or Print) Elaine M SMITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2660 Becky Ave Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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		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) June 08, 2020		21c. HOUR OF DEATH 11:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		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) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 08, 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).) PART I (a) Lung 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)			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (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	
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	

000819451



CERTIFIED COPY OF VITAL RECORDS

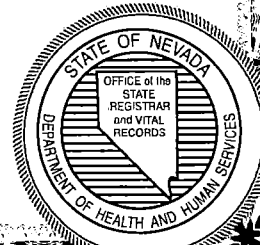
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

6/10/2020

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

Wesley T Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE