

Recording Requested By

National Closing Solutions

And when recorded mail to

Victoria L. Bachmann-Fontaine
3561 Haystack Drive
Carson City, NV 89705

Escrow no. 17-770595

APN: 1420-07-610-048

(Space above this line for Recorder's use)

AFFIDAVIT TERMINATING JOINT TENANCY

NRS 440.380 Certificate of Death

State of Nevada)
County of Douglas) ss.

Victoria L. Bachmann-Fontaine being first duly sworn, deposes and says:

That affiant is Victoria L. Bachmann-Fontaine the person named as Victoria L. Bachmann-Fontaine, one of the grantees in that certain deed recorded on 3/30/2010, as 761238, in the office of the County Recorder of Douglas County, Nevada.

That Bernard S. Fontaine was one of the grantees named in said deed and was the identical person named as Bernard S. Fontaine, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Victoria Bachmann-Fontaine
Victoria L. Bachmann-Fontaine

Subscribed and sworn to before me this
15th day of June 2021

Rhonda J.
Notary Public in and for said County and State



Order Number: 17-770595

EXHIBIT "A"
LEGAL DESCRIPTION

The land described herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 7 in Block B of the Final Map of SUNRIDGE HEIGHTS PHASE 1, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 11, 1993 in Book 693, Page 2465, as Document No. 309550.

APN: 1420-07-610-048

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3976238

CERTIFICATE OF DEATH

2017016716
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

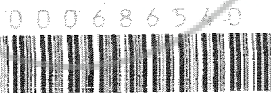
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Bernard S FONTAINE III			2. DATE OF DEATH (Mo/Day/Year) September 01, 2017		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 or Carson Nursing and Rehab		3e. If Hosp. or Inst. indicate DOA,OP/Emmer. Rm. Inpatient(Specify) Nursing Home		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 73	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY November 23, 1943	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Victoria Lucille BACHMANN	
13. SOCIAL SECURITY NUMBER 5796		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Salesman		14b. KIND OF BUSINESS OR INDUSTRY Beverage		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 3561 Haystack Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Sadi Bernard FONTAINE II			17. MOTHER/PARENT - NAME (First Middle Last Suffix) CONDON			
18a. INFORMANT - NAME (Type or Print) Victoria Lucille BACHMANN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3561 Haystack Dr 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		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884	20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1261 N Roop Carson City NV 89706			
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) JOSE AGUIRRE 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) September 07, 2017		21c. HOUR OF DEATH 23:17		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 2017		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) Cardiopulmonary Arrest Interval between onset and death						
(b) DUE TO, OR AS A CONSEQUENCE OF: Acute Respiratory Failure Interval between onset and death						
(c) DUE TO, OR AS A CONSEQUENCE OF: Adult Failure To Thrive Interval between onset and death						
(d) DUE TO, OR AS A CONSEQUENCE OF: Debility 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. Chronic Anemia; Unknown Etiology					25. 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		

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: **9/8/2017**

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

