

DOUGLAS COUNTY, NV

2022-984838

Rec:\$40.00

\$40.00

Pgs=2

05/10/2022 03:00 PM

TICOR TITLE - CC (NVTH3K)

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Sam Nam Stevens
3416 Smoketree Ave
Carson City, NV 89705

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2201643-DKD

APN No.: 1420-07-815-030

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA

COUNTY OF CARSON

} SS:

Sam Nam Stevens, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Charles Spencer Stevens, the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Charles S. Stevens named as one of the Grantees in that certain Deed from Keuper Kustom Homes, Inc. to Charles S. Stevens and Sam Nam Stevens, recorded as Instrument No. 400168, on 11/1/1996 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 48, in Block M, as set forth on that certain Final Map of SUNRIDGE HEIGHTS, PHASES 7B AND 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995 in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.

Dated: 5/10/2022

Sam Nam Stevens
Sam Nam Stevens


STATE OF NEVADA

COUNTY OF CARSON

} SS:

This instrument was acknowledged before me on May 10, 2022,
by Sam Nam Stevens

Danielle Carrete
NOTARY PUBLIC

 **DANIELLE CARRETE**
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 22-8041-02 - Expires December 5, 2022

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4249929

CERTIFICATE OF DEATH

2021029331
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) Charles Spencer STEVENS		2. DATE OF DEATH (Mo/Day/Year) November 19, 2021		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 and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Tennessee		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sam Nam KIM	
13. SOCIAL SECURITY NUMBER [REDACTED] 3585		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3416 Smoketree Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Horace STEVENS			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Iva Jean BREEDEN		
18a. INFORMANT- NAME (Type or Print) Sam Nam STEVENS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3416 Smoketree Ave Carson City, Nevada 89705			
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) JEFFREY W SANDERS 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) November 23, 2021		21c. HOUR OF DEATH 13:36		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Jeffrey W Sanders MD, 1200 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 9437	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 24, 2021		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 Instantaneously	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Ventricular Fibrillation				Instantaneously	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Myocardial Infarction				Instantly	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Alcoholic Cirrhosis, Atrial Fibrillation, History Of Cerebrovascular Accident				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			
29e. INJURY AT WORK (Specify Yes or No)		29f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		29g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



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: 12/1/2021

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

Daran Grissom
STATE REGISTRAR

