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).

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

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 ARSON

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.

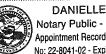
Lot 48, in Block M, as set forth on that certain Final Map of SUNRIDGE HEIGHTS, PHASES 7B AND 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995 in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996,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

Sam Nam Stevens

STATE OF NEVADA COUNTY OF

This instrument was acknowledged before me on

NOTARY PUBLIC



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



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

VITAL STATISTICS

CASE FI	LE NO. 4249929	UE R		2021029331 STATE FILE NUMBER			
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) / 2 DATE				DATE OF DEATH (Mo/Day/Year		
PERMANENT						Carson City	
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. 4, SEX						
DECEDENT	Carson City number) Carson Tahoe Regional Medical Center Inpatient(Specify) Emergency Room / Outpatient						
BLOCBERT	5. RACE (Specify) Whi		Origin? Specify 7a. At Non-Hispanic (Year		UNDER 1 YEAR 7c. UNDER 1 MOS DAYS HOURS M	DAY 8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1937	
IF DEATH	9a. STATE OF BIRTH (If not US/CA, 9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATUS (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)						
OCCURRED IN INSTITUTION SEE	Tennessee United States 12 Sain Nam Kilvi						
HANDBOOK REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER 3585	14a. USUAL OCCUPATION		14b. KIND OF BUSINESS OR INDUSTRY Government Ever in US Armed Forces? Yes			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER LIN						
/ L	Nevada Douglas Carson City 3416 Smoketree Ave						
/ PARENTS	ENTS 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) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3416 Smoketree Ave Carson City, Nevada 89705						
	The second secon	OVAL, OTHER (Specify) 19b. CEM	ETERY OR CREMATORY		19c. LOCA		
DISPOSITION	/ Crematio			nation Services	minus and a contract there	arson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGN			CTOF 20c. NAME	AND ADDRESS OF FACILITY		
	l " reiniti" kai dire art.	AWRENCE	LICENSE NUMBER FD304		Autumn Funerals		
TRADE CALL	SIGNATURE AUTHENTICATED						
TRADE CALL	Z 10. To the best of my legaledge ideath accounted at the time date and also and dis						
	្នុំ to the cause(s) stated (Sign	ature & Title) SIGNATUR			and place and due to the cause(s)		
CERTIFIER		FREY W SANDERS M ay/Yr) 21c. HOUR OF D	DEATH	at the time, date	IGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
OEKIII IEK	IFIER 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22c. HOUR						
	Jeffrey W Sanders MD 1200 Mountain Street Carson City, NV 89703 9437						
REGISTRAR	24a. REGISTRAR (Signature)	DARAN GRISSO		DATE RECEIVED I	distance lands are	TH DUE TO COMMUNICABLE DISEASE	
	de la gale	SIGNATURE AUTHENTIC	ATED	- 1	nber 24, 2024	YES NO X	
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c), Interval between onset and death						
DEATH	(a) Instantal educity						
CONDITIONS IF	Ventricula	r Fibrillation				Interval between onset and death	
ANY WHICH GAVE RISE TO	MHICH RISE TO DIATE USE WS THE > NOTHER						
IMMEDIATE CAUSE							
UNDERLYING CAUSE LAST							
	(d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specif 27. WAS CASE REFERRED TO CORONER (Specif) Yes or No) No No						
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d, DESCRIBE HO	WINJURY OCCURRED		
	he a givi i						
		28f. PLACE OF INJURY- At home, building, etc. (Specify)	farm, street, factory, office	28g. 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

enared on engraved horder displaying date, seal and signature of Registrar



