

DOUGLAS COUNTY, NV

2022-986295

Rec:\$40.00

\$40.00

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STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

A.P.N. No.:	1220-21-810-034
File No.:	1701083 SA
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Christopher Short and Nicole Sparks	
1212 Scottsdale Way	
Modesto, CA 95355	

(for recorders use only)

**Affidavit- Death Of Joint Tenant
(Title of Document)**

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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

Cynthia Haggard
Signature

Escrow Assistant

Title

Cynthia Haggard
Print Signature

THIS DOCUMENT IS EXECUTED IN COUNTERPART

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. No.:	1220-21-810-034
File No.:	1701083 CH
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Christopher Short and Nicole Sparks 1212	
1212 Scottsdale Way	
Modesto, CA 95355	

AFFIDAVIT - DEATH OF JOINT TENANT

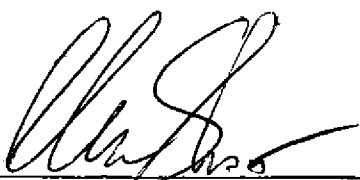
State of Nevada)
) ss
 County of Carson City)

Christopher Short and Nicole Sparks, of legal age, being first duly sworn, deposes and says: That Charles Rivas, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Rivas named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 24, 2019 executed by Poker Brown LLC, a Delaware Limited Liability Company to Charles Rivas and Debra Rivas, husband and wife as joint tenants with rights of survivorship, recorded on May 14, 2019 as Document No. 2019-929019, of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

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

Lot 89, of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Dated: June 11, 2022.



Christopher Short

Nicole Sparks

State of)
County of) ss
)

This instrument was acknowledged before me on the _____ day of _____, 2022
By: Christopher Short

Signature: _____
Notary Public

See attached Notary Certificate

State of)
County of) ss
)

This instrument was acknowledged before me on the _____ day of _____, 2022
By: Nicole Sparks

Signature: _____
Notary Public

ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
 County of Humboldt } SS.

On June 11th 2022, before me, Eric Lebon, Notary Public,
DATE

personally appeared Christopher Short, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]

PLACE NOTARY SEAL IN ABOVE SPACE

NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
- CORPORATE OFFICER _____ TITLE(S)
- PARTNER(S)
- ATTORNEY-IN-FACT
- GUARDIAN/CONSERVATOR
- SUBSCRIBING WITNESS
- OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

 TITLE OR TYPE OF DOCUMENT

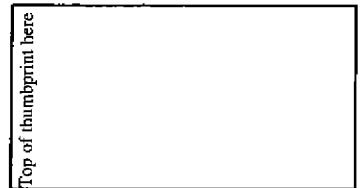
 NUMBER OF PAGES

 DATE OF DOCUMENT

SIGNER (PRINCIPAL) IS REPRESENTING:
 NAME OF PERSON(S) OR ENTITY(IES)

RIGHT
 THUMBPRINT
 OF
 SIGNER

OTHER



Christopher Short

Nicole Sparks
Nicole Sparks

State of _____)
County of _____) ss

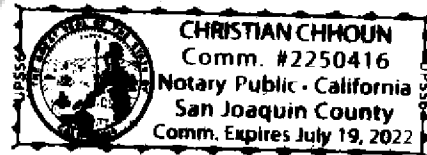
This instrument was acknowledged before me on the _____ day of _____, 2022
By: Christopher Short

Signature: _____
Notary Public

State of California)
County of San Joaquin) ss

This instrument was acknowledged before me on the 11 day of June, 2022
By: Nicole Sparks

Signature: _____
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4236349

2021023987
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 Thomas RIVAS		2. DATE OF DEATH (Mo/Day/Year) September 14, 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) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS 70		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 26, 1950		9a. STATE OF BIRTH (if not US/CA, name country) California		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) Debra AXTELL	
13. SOCIAL SECURITY NUMBER 2971		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Warehouse Worker		14b. KIND OF BUSINESS OR INDUSTRY State of California	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 666 Joette Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lawrence RIVAS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Consuelo CONTRERAS		
18a. INFORMANT- NAME (Type or Print) Nicole SPARKS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 666 Joette Dr Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 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) ROY H SEXTON 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 30, 2021		21c. HOUR OF DEATH 21:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Roy H Sexton MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 14938	
24a. REGISTRAR (Signature): WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE- YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Acute Cardiopulmonary Arrest				Interval between onset and death.	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Hypoxemic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Respiratory Distress Syndrome				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) COVID-19 Pneumonia				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. Unknown Etiology				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	



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: 10/5/2021

Wesley T Storey
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

