

A.P.N. No.:	1220-24-601-049
File No.:	1700868 WLD
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Shirley J. Blume	
6858 Adrienne Arbor Dr.	
Spring, TX 77389	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
 County of Douglas)

Shirley J. Blume, of legal age, being first duly sworn, deposes and says: That Harold Nelson Blume, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Harold N. Blume named as one of the parties in that certain Joint Tenancy Deed dated May 1, 1995 executed by Charles Everett Hill and Mafalda Ann Hill, Trustor and Trustee of The Hill Family Trust, dated February 27, 1991 to Harold N. Blume and Shirley J. Blume, husband and wife as joint tenants with right of survivorship, and not as tenants in common, recorded as Document No. 367434, on August 2, 1995 in Book 0895, Page 0313 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:

Parcel A-2 as shown on Final Parcel Map FPM-1012 for Hill Family Trust, filed for record in the office of the Douglas County Recorder, State of Nevada, on August 2, 1995 in Book 895 at Page 271 as Document No. 367422, Official Records.

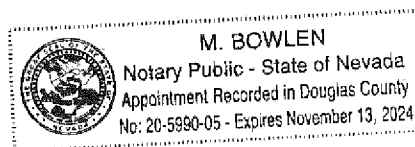
Dated: June 15, 2022.

Shirley J. Blume
 Shirley J. Blume

State of Nevada)
) ss
 County of Douglas)

This instrument was acknowledged before me on the 26th day of July, 2022
 By: Shirley J. Blume

Signature: M. Bowlen
 Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4262900

CERTIFICATE OF DEATH

2021030700
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Harold Nelson BLUME		2. DATE OF DEATH (Mo/Day/Year) December 07, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Gardnerville Health & Rehabilitation Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home	
	3d. SEX Male		3f. Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home		3g. DATE OF BIRTH (Mo/Day/Yr) June 09, 1937	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 09, 1937	
	9a. STATE OF BIRTH (if not US/CA, name country) California		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) Shirley NEUMANN			
	13. SOCIAL SECURITY NUMBER 8201		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
	15d. STREET AND NUMBER 705 Mustang Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Arnold BLUME			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred SMITH		
	18a. INFORMANT - NAME (Type or Print) Shirley BLUME			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 705 Mustang Lane Gardnerville, Nevada 89410		
DISPOSITION	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	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOFP 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) December 09, 2021		21c. HOUR OF DEATH 09:05		22b. DATE SIGNED (Mo/Day/Yr)	
	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) Reed Dofp MD 907 Mountain Street Carson City, NV 89703					
REGISTRAR	24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 09, 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).)					
CAUSE OF DEATH	PART I		Interval between onset and death			
	(a) Respiratory Arrest		Interval between onset and death			
	(b) Acute Respiratory Failure		Interval between onset and death			
	(c) Stroke		Interval between onset and death			
(d) Atherosclerotic Cerebrovascular Disease		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. Coronary Heart Disease						
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				
28a. ACC, SUICIDE, HOW, 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.

12/15/2021

DATE ISSUED:

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

