

A.P.N. 1420-27-801-006

Recording Requested By:  
When Recorded Return to:

Lori Curtis  
1563 Steve Court  
Minden, NV 89423

Mail Tax Information to:

Same as above



SHAWNYNE GARREN, RECORDER

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

Lori Curtis, of legal age, daughter of decedent named below, first being duly sworn, deposes and says:

That Betty A. Salinas, the decedent mentioned in the attached certified copy of Certificate of Death, who died on January 17, 2024, at Minden, Nevada, is the same person as Betty A. Salinas named on the Joint Tenancy Deed as executed by Raymond M. Smith to Armando C. Salinas and Betty A. Salinas, husband and wife, as joint tenants with right of survivorship recorded as Document #01000672GG of Official Records of Douglas County, State of Nevada, bounded and described as follows:

Parcel D-4-D3 as set forth on that certain Parcel map No. 7 for RAYMOND M. SMITH filed for record on March 5, 1992 in Book 392, page 641 as Document No. 272598.

A PORTION OF ASSESSMENT PARCEL NO. 21-140-33.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS,

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: Mar. 18, 2024

Lori Curtis  
LORI CURTIS

**ACKNOWLEDGMENT**

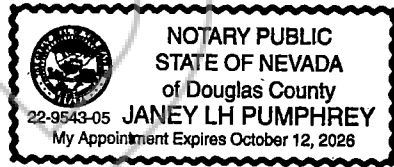
STATE OF NEVADA

Douglas

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On March 18, 2024, before me, Janey LH Pumphrey a notary public, personally appeared LORI CURTIS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Janey LH Pumphrey  
(Signature of Notary Public)



SEAL

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4392727

**CERTIFICATE OF DEATH**

2024000960  
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) <b>Betty A SALINAS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 17, 2024</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>1563 Steve Court</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 10, 1932</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>6481</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Sewing</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1563 Steve Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Richmond HARRIS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ellen CRANDELL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lori CURTIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1563 Steve Court Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NADIA NINA SANDOVAL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD1007</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations 1600 Buckeye Rd Minden NV 89423</b>	
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) <b>REED DOFP MD</b>			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) <b>January 21, 2024</b>		21c. HOUR OF DEATH <b>22:34</b>		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) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 22, 2024</b>		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				Interval between onset and death	
(a) <b>Respiratory Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Malignant Chronic Lymphocytic Leukemia</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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. <b>Chronic Obstructive Lung Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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: **1/24/2024**

*Dody D. Hinnay*  
STATE REGISTRAR

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

