

DOC# 222083

11/15/2012

03:16PM

**Official Record**

Requested By

FIRST AMERICAN TITLE RENO

Eureka County - NV

Mike Rebaleati - Recorder

Page: 1 of 4

Fee: \$17.00

Recorded By FS

RPTT: \$0.00

Book- 0541 Page- 0371



0222083

Recording Requested by:

Name: First American Title Insurance Co.

5310 Kietzke Lane #100

Address: Reno, NV 89511

City/State/Zip:

ARF: David - Death of Joint Tenant  
(Title of Document)

**Recorder Affirmation Statement**

Please complete Affirmation Statement below:

☐ 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 as required by

law: N.R.S. 440.380

(State specific law)

Signature

Title

Print Signature

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

(Additional recording fee applies)

APN: 007-394-17 and includes other land  
Escrow No. 00193462 - 002 -15

When Recorded Return to:  
Lavernia C. Rasmussen

346 EL Centro  
EUREKA, NV 89316

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF CALIFORNIA *Nevada* ) ss:  
COUNTY OF *Carson City*

Lavernia C. Rasmussen, of legal age, being duly sworn, deposes and says

That Earl A. Rasmussen the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Earl A. Rasmussen, named as one of the parties in that certain Deed of Trust dated September 29, 1986 executed by Randy L. Berg and Christine E. Chester to Earl A. Rasmussen and Lavernia C. Rasmussen, his wife as joint tenants with right of survivorship, and not as tenants in common, recorded as Instrument No. 105146, on October 3, 1986 in Book 149 Page 541 of Official Records of Eureka County, Nevada, covering the following described property.

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Dated: 10-19-12

Lavernia C. Rasmussen  
Lavernia C. Rasmussen

SUBSCRIBED AND SWORN TO before me on this 19 day of OCT 2012.

Karen B  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER



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**EXHIBIT "A"**  
**Legal Description**

APN: 007-394-17 and includes other land

Order Number: 00193462

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

Lot 1 of parcel D as shown on that certain parcel map and record of survey for Earl Rasmussen, filed in the office of the County Recorder of Eureka County, Nevada, on October 8, 1981, as File No. 82267, located in a portion of the E ½ of section 17, Township 20 North, Range 53 East, M.D.M.

EXCEPTING THEREFROM all the oil and gas in and under said land, reserved by the United States of America in Patent, recorded April 15, 1966, in Book 10, Page 331, official Records, Eureka County, Nevada. And reserving a strip of land 30 feet wide along the South line of said lot as an Easement for access, egress, and utilities. Together with all buildings and improvements thereon.

TOGETHER with the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.



# CERTIFICATION OF VITAL RECORD

## COUNTY of STANISLAUS MODESTO, CALIFORNIA

### CERTIFICATE OF DEATH

3200450003280

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| STATE FILE NUMBER<br><b>EARL</b>   |  | MIDDLE<br><b>AVERY</b>   |  | LAST (Family)<br><b>RASMUSSEN</b>  |  |
| A. ALIO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)  |  | 4. DATE OF BIRTH <b>05/06/1924</b>   |  | 5. AGE Yrs <b>80</b>   |  |
| 6. BIRTH STATE/SPONSOR COUNTRY<br><b>SD</b>  |  | 14. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK   |  | 15. MARITAL STATUS (at Time of Death)<br><b>Married</b>  |  |
| 13. EDUCATION — Highest Level Degree (For nonhigh school)<br><b>HS Graduate</b>  |  | 14/15 WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, see instruction on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | 16. DATE OF DEATH <b>11/17/2004</b>  |  |
| 17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED   |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)   |  | 19. YEARS IN OCCUPATION<br><b>45</b>   |  |
| 20. DECEDENT'S RESIDENCE (Street and number of location)<br><b>2643 MacGregor Court</b>  |  | 21. CITY<br><b>Modesto</b>   |  | 22. COUNTY/PROVINCE<br><b>Stanislaus</b>   |  |
| 23. ZIP CODE<br><b>95350</b>   |  | 24. YEARS IN COUNTY<br><b>25</b>   |  | 25. STATE/SPONSOR COUNTRY<br><b>CA</b>   |  |
| 26. INFORMANT'S NAME, RELATIONSHIP<br><b>Laverne C. Rasmussen-Wife</b>   |  | 27. INFORMANT'S MAILING ADDRESS (Street and number or hotel, room, suite, etc.)<br><b>2643 MacGregor Ct., Modesto, California 95350</b>  |  |  |  |
| 28. NAME OF SURVIVING SPOUSE — FIRST<br><b>Lavernia</b>  |  | 29. MIDDLE<br><b>Cassandra</b>   |  | 30. LAST ( maiden Name)<br><b>Payne</b>  |  |
| 31. NAME OF FATHER — FIRST<br><b>Hans</b>  |  | 32. MIDDLE<br><b>—</b>   |  | 33. LAST<br><b>Rasmussen</b>   |  |
| 34. NAME OF MOTHER — FIRST<br><b>Carrie</b>  |  | 35. MIDDLE<br><b>—</b>   |  | 36. LAST<br><b>Turner</b>  |  |
| 37. BIRTH STATE<br><b>NE</b>   |  | 38. BIRTH STATE<br><b>NE</b>   |  | 39. BIRTH STATE<br><b>NE</b>   |  |
| 40. PLACE OF FINAL DISPOSITION<br><b>Cedar Hill Cemetery Eureka, Nevada 89316</b>  |  | 41. TYPE OF DISPOSITION<br><b>CR/TR/BU</b>   |  | 42. SIGNATURE OF EMBALMER<br><b>Not Embalmed</b>   |  |
| 43. NAME OF FUNERAL ESTABLISHMENT<br><b>Riverbank Memorial Chapel</b>  |  | 44. LICENSE NUMBER<br><b>FD 1036</b>   |  | 45. SIGNATURE OF LOCAL REGISTRAR<br><i>[Signature]</i>   |  |
| 46. DATE<br><b>11/19/2004</b>  |  | 47. DATE<br><b>11/19/2004</b>  |  |  |  |
| 48. PLACE OF DEATH<br><b>Vintage Faire Rehab. Center</b>   |  | 49. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other |  |  |  |
| 50. COUNTY<br><b>Stanislaus</b>  |  | 51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number of location)<br><b>3620 Dale Rd.</b>   |  | 52. CITY<br><b>Modesto</b>   |  |
| 53. CAUSE OF DEATH<br><b>Arteriosclerotic heart disease</b>  |  | 54. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 55. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 56. IMMEDIATE CAUSE (First disease or condition leading to death)<br><b>Arteriosclerotic heart disease</b>   |  | 57. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 58. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 53<br><b>None</b>  |  | 60. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 61. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 59? If yes, list type of operation and date<br><b>No</b>   |  | 63. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 64. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 65. COUNTY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED<br><b>09/16/2003</b>  |  | 66. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN<br><i>[Signature]</i>  |  | 67. LICENSE NUMBER<br><b>A45102</b>  |  |
| 68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>Talvinder Hundal, MD 1401 Spanos Ct. Modesto, Ca. 95350</b>   |  | 69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>Talvinder Hundal, MD 1401 Spanos Ct. Modesto, Ca. 95350</b>   |  | 70. DATE<br><b>11/18/2004</b>  |  |
| 71. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause Not Determined |  | 72. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 73. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 74. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)   |  | 75. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 76. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 77. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)   |  | 78. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 79. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 80. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)   |  | 81. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 82. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 83. SIGNATURE OF CORONER / DEPUTY CORONER  |  | 84. DATE<br><b>11/18/2004</b>  |  | 85. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER   |  |
| 86. STATE REGISTRAR  |  | 87. FAX AUTH. #<br><b>60498</b>  |  | 88. CENSUS TRACT   |  |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF STANISLAUS

LEE LUNDRIKAN, Clerk-Recorder  
STANISLAUS COUNTY, CALIFORNIA

222083

222083

\*50-470343\*

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DATE ISSUED

SEP 20 2012

BY:

Kalpna Surti  
Deputy

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