

APN# 009-731-08

Recording Requested by/Mail to:

Name: MARK A. WINTER

Address: 801 N. DIVISION ST

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: STEPHEN RAY McINTYRE

Address: 348 CHATEAU DRIVE

City/State/Zip: CARSON CITY, NV 89701

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document (required)

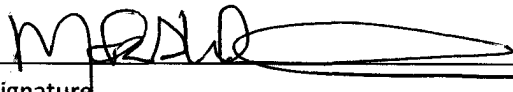
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

☒ Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

☐ Judgment – NRS 17.150(4)

☐ Military Discharge – NRS 419.020(2)


Signature

MARK A. WINTER

Printed Name

This document is being (re-)recorded to correct document # 495259, and is correcting
THE FACT THAT STEPHEN RAY McINTYRE IS NOT IDENTIFIED AS THE SURVIVING JOINT TENANT

Recorded at the request of:

Mark A. Winter, Esq.
 801 N. Division Street
 Carson City, NV 89703

When recorded, mail to:**Mail tax statements to:**

Stephen Ray McIntyre
 348 Chateau Drive
 Carson City, NV 89701

AFFIDAVIT OF DEATH OF JOINT TENANT

**This Document is being recorded to correct the previous
 Affidavit filed on June 11, 2019, as Document Number 495259**

APN: 009-731-08

STATE OF NEVADA)
 : ss.
 CARSON CITY)

Stephen Ray McIntyre, being first duly sworn, deposes and says:

1. Theresa Rose Crucil, died on the April 5, 2019, in the state of Nevada, and that a certified copy of her Death Certificate is attached hereto.

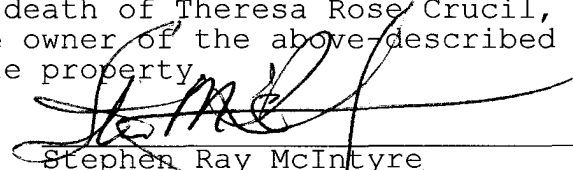
2. That at the date of death, the said Theresa Rose Crucil was an owner with the affiant as joint tenants with rights of Survivorship of certain real property located in Carson City, State of Nevada, described as:

SEE EXHIBIT "A" ATTACHED HERETO AND
 INCORPORATED HEREIN BY SAID REFERENCE

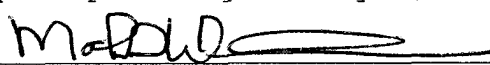
3. That said joint tenancy was created by a Deed dated December 18, 2006, recorded on December 19, 2006, as Document Number 362319 in the Carson City Recorder's Office.

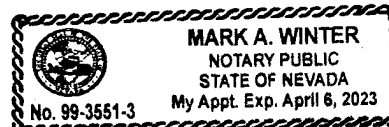
4. That upon the death of Theresa Rose Crucil, the Affiant became the sole owner of the above-described property as his sole and separate property

Dated July 29, 2019:


 Stephen Ray McIntyre

SUBSCRIBED and SWORN to before me this 29th day of July, 2019, by Stephen Ray McIntyre, who signed this document before me.


 NOTARY PUBLIC



LOT 183, AS SHOWN ON THE MAP OF SUNCHASE SUBDIVISION
UNIT NO. 5, FILED IN THE OFFICE OF THE CARSON CITY
RECORDERS, STATE OF NEVADA, ON SEPTEMBER 29, 1993,
AS FILE NO. 150279, OFFICIAL RECORDS.

APN: 009-731-08

EXHIBIT "A"

UNOFFICIAL COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CASE FILE NO. 4075666

CERTIFICATE OF DEATH

2019007542

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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Theresa Rose CRUCIL				2. DATE OF DEATH (Mo/Day/Year) April 05, 2019		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 address) 348 Chateau Dr		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 57		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY April 22, 1961		8. DATE OF BIRTH (Mo/Day/Yr)		9a. STATE OF BIRTH (If not US/CA, name country) British Columbia		9b. CITIZEN OF WHAT COUNTRY Canada	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 6222		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Cosmetology		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 348 Chateau Dr	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) August CRUCIL		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eleanor WOOD			
18a. INFORMANT - NAME (Type or Print) Hollis LEBLANC		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4771 Laurel Ave Sechelt, British Columbia V0N3A2		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory	
19c. LOCATION City or Town State Carson City Nevada 89706		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley	
20d. SIGNATURE AUTHENTICATED		20e. NAME AND ADDRESS OF FACILITY 1281 N Roop Carson City NV 89706		20f. NAME AND ADDRESS OF FACILITY 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) RUTH RHINES				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) RUTH RHINES			
21b. DATE SIGNED (Mo/Day/Yr) June 03, 2019				21c. HOUR OF DEATH 15:29			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701				22b. DATE SIGNED (Mo/Day/Yr) June 03, 2019			
22c. HOUR OF DEATH 15:29				22d. PRONOUNCED DEAD (Mo/Day/Yr) April 05, 2019			
22e. PRONOUNCED DEAD AT (Hour) 15:29				23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701			
23b. LICENSE NUMBER 9307				24a. REGISTRAR (Signature) ANGELICA RAMIREZ			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2019				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 (a) Probable Hypertensive Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) 							
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.							
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION		26h. 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: 6/4/2019

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

