



KAREN ELLISON, RECORDER

APN# 1220-16-210-199

Recording requested by:

Name: MERWIN R. FLAGG  
Address: 1201 KINGSTON WAY  
City/State/Zip: GARDNERVILLE, NV 89460

Mail tax statements to:

Name: MERWIN R. FLAGG  
Address: 1201 KINGSTON WAY  
City/State/Zip: GARDNERVILLE, NV 89460

Mail to, if different than above:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document 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 this document submitted for recording contains the social security number of a person or persons as required by law 40.525  
(State specific law)

Merwin R. Flagg  
Signature (Print name under signature)

SURVIVING TENANT  
Title

Merwin R. Flagg

AFFIDAVIT - DEATH OF JOINT TENANT  
(Insert Title of Document Above)

\*\*\*\*\*

Only use the following section if it applies to your document

This document is being re-recorded to \_\_\_\_\_

This document is being recorded to correct document # \_\_\_\_\_, and is correcting

\*\*\*\*\*  
This page added to provide additional information required by NRS 111.312 Sections 1-4.  
(Additional recording fee applies)

**APN: 1220-16-210-199**

**RECORDING REQUESTED BY:**

Merwin R. Flagg  
1201 Kingston Way  
Gardnerville, NV 89460

AFTER RECORDATION, RETURN BY MAIL TO:

Merwin R. Flagg  
1201 Kingston Way  
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF DOUGLAS        )

MERWIN R. FLAGG, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Annette T. Flagg named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 25, 2005, executed by Merwin R. Flagg and Annette T. Flagg, husband and wife, to Annette T. Flagg and Merwin R. Flagg (surviving tenant), wife and husband as joint tenants, and recorded on March 31, 2005, in Book 0305, at Page 14138, Document No. 0640504 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

LOT 9 OF BLOCK G, AS SHOWN ON THAT CERTAIN MAP ENTITLED AMENDED MAP OF RANCHOS ESTATES IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, FILED FOR RECORD OCTOBER 30, 1972, AS DOCUMENT NO. 62493

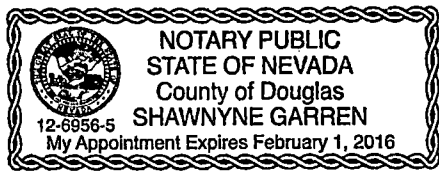
Dated: 4-30-15

*Merwin R. Flagg*  
Merwin R. Flagg

State of Nevada            )  
  ) ss.  
County of Douglas        )

Subscribed and sworn to (or affirmed) before me on this 30<sup>th</sup> day of April, 2015, by Merwin R. Flagg, proved to me on the basis of satisfactory evidence to be the person who appears before me.

*Shawnyne Garren*  
Notary Public



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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2012001709  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Annette T FLAGG</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 02, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1201 Kingston Way</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Female</b>
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>78</b>	7b. UNDER 1 YEAR MOS   DAYS	7c. UNDER 1 DAY HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 08, 1933</b>
	9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>14</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Merwin FLAGG</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████ 3913</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Medical Banking</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>		Ever in US Armed Forces? <b>No</b>
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1201 Kingston Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rocco DEMARCO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>A TIMPONI</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Merwin FLAGG</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1201 Kingston Way Gardnerville, Nevada 89460</b>			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</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>RICK NOEL</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>	20c. NAME AND ADDRESS OF FACILITY <b>Waltor's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>			
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) <b>SIGNATURE AUTHENTICATED GARRETT DONALD SCHWARTZ M.D.</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>February 06, 2011</b>		21c. HOUR OF DEATH <b>07:50</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22e. PRONOUNCED DEAD AT (Hour)
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410</b>					23b. LICENSE NUMBER <b>9086</b>	
	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 07, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) <b>Respiratory Failure</b>						Interval between onset and death
	(b) <b>Chronic Obstructive Pulmonary Disease</b>						Interval between onset and death
	(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>						Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>						Interval between onset and death
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					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

STATE REGISTRAR

3638557

422936

CERTIFIED COPY OF VITAL RECORDS

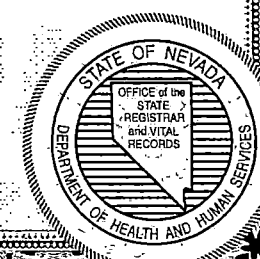
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 02/14/2012

*Rand White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

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

VRS-Rev 20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE