

APN# : 1318-03-212-022

DOUGLAS COUNTY, NV **2015-867881**
Rec:\$16.00
\$16.00 Pgs=3 **08/12/2015 03:54 PM**
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Mary P. Marcarelli-Gannon

P.O. Box 949

Zephyr Cove, NV

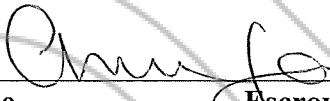
89448

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Anu Jansse

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Mary P. Marcarelli-Gannon, of legal age, being first duly sworn, deposes and says:

That William Justin Gannon, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William Justin Gannon named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/23/2009 executed by William Justin Gannon and Mary Patricia Gannon, husband and wife to William Justin Gannon and Mary P. Marcarelli-Gannon, husband and wife as joint tenants as joint tenants, recorded as instrument No. 746348, on 6/30/2009, in Book609, Page 9806, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 188, as shown on the map of SKYLAND SUBDIVISION NO. 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 24, 1960, as Document No. 15653.

Dated 8/7/15

Mary P. Marcarelli-Gannon
Mary P. Marcarelli-Gannon, Surviving Joint Tenant

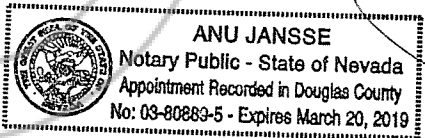
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 8/7/15

By Mary P. Marcarelli-Gannon.

Anu Jansse
Notary Public



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015001721

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) William Justin GANNON			2. DATE OF DEATH (Mo/Day/Year) January 10, 2015		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) 130 Ponderosa Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 71	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 22, 1943
	9a. STATE OF BIRTH (If not U.S.A., California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Mary Patricia MARCARELLI
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-6564		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Postal Inspector		14b. KIND OF BUSINESS OR INDUSTRY U. S. Postal Service		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Zephyr Cove		15d. STREET AND NUMBER 130 Ponderosa Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) William Justin GANNON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Viola Hattie RUDEL			
	18a. INFORMANT - NAME (Type or Print) Mary Patricia GANNON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 949, Zephyr Cove, Nevada 89448			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr 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) STEVEN LAURENCE BROOKS M.D. 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) January 29, 2015		21c. HOUR OF DEATH 09:13		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
REGISTRAR	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) Steven Laurence Brooks M.D. PO Box 5637 Stateline, NV 89449					23b. LICENSE NUMBER 5124	
CAUSE OF DEATH	24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2015		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).)						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I: (a) Cardiac Arrest			Interval between onset and death 5 Minutes			
	(b) Alcoholism			Interval between onset and death 20 Years			
(c) DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death				
(d) DUE TO, OR AS A CONSEQUENCE OF			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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

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:

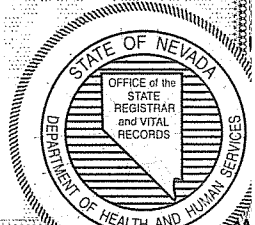
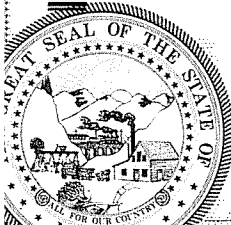
2/10/2015

R. D. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

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