

APN# 1219-09-001-017

Recording Requested by/Mail to:

Name: VERNON HOSKINS FIX

Address: 197 JEANNIE LANE

City/State/Zip: GARDNERVILLE, NV 89460

Mail Tax Statements to:

Name: VERNON HOSKINS FIX

Address: 197 JEANNIE LANE

City/State/Zip: GARDNERVILLE, NV 89460



KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF JOINT TENANT

Title of Document (required)

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

The undersigned hereby affirms that the document submitted for recording contains 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)

Vernon Hoskins Fix

Signature

VERNON HOSKINS FIX

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1219-09-001-017

RECORDING REQUESTED BY:

Vernon Hoskins Fix
197 Jeannie Lane
Gardnerville, NV 89460

AFTER RECORDATION, RETURN BY MAIL TO:

Vernon Hoskins Fix
197 Jeannie Lane
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

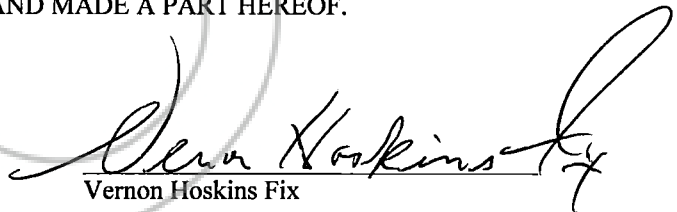
Vernon Hoskins Fix, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARLYS RUTH FIX named as one of the parties in that certain Grant Deed dated October 20, 2005, executed by Vernon Hoskins Fix and Marlys Ruth Fix, Trustees of The Vernon Hoskins Fix and Marlys Ruth Fix Family Trust Agreement dated January 13, 1994, to Vernon Hoskins Fix (surviving tenant) and Marlys Ruth Fix, husband and wife as joint tenants, and recorded on February 24, 2006, in Book 0206, at Page 7816, Document No. 0668584 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

A.P.N. 1219-09-001-017

Dated: 4-11-2016


Vernon Hoskins Fix

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 11 day of April, 2016, by Vernon Hoskins Fix, proved to me on the basis of satisfactory evidence to be the person who appears before me.


Notary Public

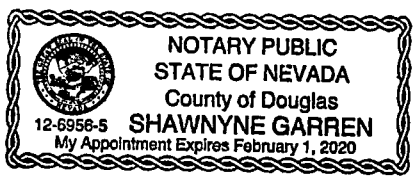


EXHIBIT "A"

A PARCEL OF LAND LOCATED IN THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 9, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D. B. & M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID SECTION 9; PROCEED SOUTH 0° 09' WEST, 648.56 FEET, AND NORTH 89° 30' 30" WEST 30.00 FEET TO THE TRUE POINT OF BEGINNING, WHICH IS THE NORTHEAST CORNER OF THE PARCEL; PROCEED THENCE SOUTH 0° 09' WEST, 340.00 FEET ALONG THE WESTERN BOUNDARY OF AUTUMN HILLS DRIVE TO THE SOUTHEAST CORNER OF THE PARCEL; THENCE NORTH 89° 39' 30" WEST, 320.29 FEET TO THE SOUTHWEST CORNER OF THE PARCEL; THENCE NORTH 0° 09' EAST 340.00 FEET TO THE NORTHWEST CORNER OF THE PARCEL; THENCE SOUTH 89° 30' 30" EAST 320.29 FEET TO THE TRUE POINT OF BEGINNING.

TOGETHER WITH RIGHTS OF WAY FOR INGRESS TO AND EGRESS FROM SAID PREMISES CONTAINED IN DOCUMENTS RECORDED APRIL 26, 1960 AS DOCUMENT NO. 15947 AND DOCUMENT NO. 15948, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA

PER NRS 111.312, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AS DOCUMENT NO. 15947/15948 ON APRIL 26, 1960.

APN: 1219-09-001-017

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2015003928
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) Marlys Ruth FIX		2. DATE OF DEATH (Mo/Day/Year) February 27, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) 197 Jeannie Lane Home		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 04, 1948	
9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Vernon FIX			
13. SOCIAL SECURITY NUMBER 1224		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Insurance Agent		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 197 Jeannie Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Francis WHITLOW			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Wanda Sybil DRENNEN		
18a. INFORMANT - NAME (Type or Print) Vernon FIX		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 197 Jeannie Lane Gardnerville, Nevada 89460			
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) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) NITA SCHWARTZ 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) March 11, 2015		21c. HOUR OF DEATH 14:30		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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 11, 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).) PART I				Interval between onset and death	
(a) End Stage Liver Disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hepatitis B DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 1. Alcoholism				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

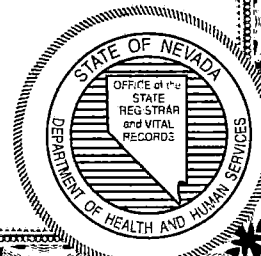
CERTIFIED COPY OF VITAL RECORDS

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: **3/11/2015**

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

Rhonda Pena
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

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