NANCY REY JACKSON LTD



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1420-34-501-004

Recording Requested by:

Nancy Rey Jackson Ltd. 1591 Mono Avenue **Minden, NV 89423**

Grantee's Address is & Mail Documents to:

Marion Gandy 1541 Stephanie Way Minden, NV 89423

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)

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.

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)	
)	SS
COUNTY OF DOUGLAS)	

MARION GANDY, of legal age, being duly sworn, deposes and says:

1. That JAMES R. GANDY, the decedent mentioned in the attached certified copy of Certificate of Death, was, until his death, and is the same person as JAMES R. GANDY, named as one of the parties in that certain deed by and between JAMES R. GANDY and MARION GANDY, husband and wife as joint tenants, and recorded on April 15, 1996, in Book 496 at Page 2481as Document No. 385440 of Official Records of Douglas County, State of Nevada, being Assessor's Parcel Number 1420-34-501-004, concerning the real property located at 1541 Stephanie Way, Minden, Nevada, and specifically described as follows:

A PARCEL OF LAND LOCATED WITHIN A PORTION OF THE NORTHEAST ONE-QUARTER OF SECTION 34, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M., DOUGLAS COUNTY, NEVADA, AS BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 4 AS SHOWN IN THE NAME OF LINDA B. JONES ON THE LAND DIVISION MAP FILED DECEMBER 14, 1982, IN BOOK 1282, PAGE 951, IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 74022.

PURSUANT TO NRS 111.312, the above legal description is the same property conveyed in the Joint Tenancy Deed recorded on April 15, 1996, as Document No. 385440, in Book 496, at Page 2480.

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said JAMES R. GANDY in and to the real property described herein.

Dated this day of July, 2016.

MARION GANDY

STATE OF NEVADA

COUNTY OF DOUGLAS

On this day of July, 2016, personally appeared before me, a Notary Public, Marion Gandy, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

NOTARY PUBLIC

CARRÍE M. JACKSON
Notary Public, State of Nevada
Appointment No. 00-63647-5
My Appt. Expires Jul 17, 2016



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEA	HTA
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2°			VITAL STAT	ristics				
2		CI	ERTIFICATE ()F DEATH			14016958 E FILE NUMBER	;
TYPE OR PRINT IN	1a DECEASED-NAME (FIRST,MIL	DDLE,LAST,SUFFIX)			2. DATE O	F DEATH (Mo/Day/Year)	3a. COUNTY	OF DEATH
PERMANENT	ANENT James R GANDY October 15, 2							Douglas
BLACK INK	35 CITY, TOWN, OR LOCATION C	F DEATH 3c. HOSPITAL O	ROTHER INSTITUTION.	Name(If not either,	give street 3	self Hosp or Inst. indicate	DOA OP/Emer. R	m. 4 SEX
:	Minden	and number)	1541 Stephar		Į!	npatient(Specify) Ho	me	Male
DECEDENT	5 RACE White	6. Hisp	panic Origin? Specify	7a AGE-Last	7b. UNDE	R 1 YEAR 7c. UNDER 1	DAY 8 DATE OF	BIRTH (Mo/Day/Yr)
	(Specify)	No - N	Non-Hispanic		67	DAYS HOURS M	Aug SURVIVING SPO	ust 04, 1947
	9a. STATE OF BIRTH (If not U.S.A. name country) Washington	United Sta		DIVORCED (Specify) Marri	ed ma	iden name)	Marion M MAIZ
INSTITUTION	13 SOCIAL SECURITY NUMBER 0790		ATION (Give Kind of Work	Done During Most		7700000	DUSTRY	Ever in US Armed
COMPLETION OF RESIDENCE		b. COUNTY	15c. CITY, TOWN OR L		I 5d STREET AL			15e. INSIDE CITY
ITEMS	}		1			The second second	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	LIMITS (Specify Yes or No) Yes
: └──>	Nevada	Douglas	Minder		1541 Stepha		0.5	162
PARENTS	16. FATHER/PARENT - NAME (Fil	st Middle Last Suffix) Robert GANDY				IAME (First Middle Las Bernice SCHN		
	18a. INFORMANT- NAME (Type or Marion M	GANDY	18b. Mailing adi	1541		ity or Town, State, Zip) Wy, Minden, Nevad		
DISPOSITION	19a BURIAL, CREMATION, REMO Cremation			TORY - NAME nenry's Cremat	ory	1 1	ION City or Town	76. 27
	20a FUNERAL DIRECTOR - SIGN	, ,			NAME AND AD	DRESS OF FACILITY		
	JAMES S	MOLENSKI	DIRECTOR LI	7%		Fitzhenrys Fu		0704
		RE AUTHENTICATED	21	7%		3945 Fairview Dr Cars	son City NV 8	9/07
TRADE CALL	TRADE CALL - NAME AND ADDRI			/ /				
CERTIFIER	due to the cause(s) stated.	riedge, death occurred at the (Signature & Title) SIGNA RNAN PEREZ-CAI ay/Yr) 21c. HOUF	TURE AUTHENTICAT	ED being the time		examination and/or invest ace and due to the cause((Mo/Day/Yr)		re & Title)
	a >	G PHYSICIAN IF OTHER TH		la 5	PRONOUNCE	DEAD (Mo/Day/Yr)	22e. PRONOUNC	ED DEAD AT (Hour)
	23a NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, ATT	ENDING PHYSICIAN, ME	DICAL EXAMINER.	OR CORONE	R) (Type or Print)	23b. LICENSE	
	Jorge Hema	n Perez-Cardona M.D). 1460 S Curry St.					10108
REGISTRAR	24a, REGISTRAR (Signature)	NICOLE SI SIGNATURE AUTHE		(Mo/Day/Yr)	EIVED BY REG October 20	No. 27	_	NO X
CAUSE OF	25 IMMEDIATE CAUSE PART 1 (2) Lung Cand	(ENTER ONLY ONE CAUSE	PER LINE FOR (a), (b), A	AND (c))	·		Interval bet	tween onset and dea
DEATH	(0)	A CONSEQUENCE OF		\rightarrow			Interval hei	tween onset and dea
	DOE TO, GIVAG	A CONSEQUENCE OF		1 1			intervarbet	ween onser and dea
CONDITIONS IF	(b)	\\						
GAVE RISE TO	DUE TO, OR AS	A CONSEQUENCE OF		/ /			Interval bet	tween onset and dea
CAUSE ->	(c)							
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS	A CONSEQUENCE OF:					Interval bei	tween onset and dea
/ /	PART II OTHER SIGNIFICANT C	ONDITIONS-Conditions conf	tributing to death but not re	esulting in the unde	rlying cause gr	ven in Part 1 26 A	cuty Yes or No.)	27. WAS CASE REFERR TO CORONER (Specify or No) No
	28a ACC . SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/)	Yr) 28c. HOUR OF INJ	JURY 28d DESCR	RIBE HOW INJUR			140
	28e INJURY AT WORK (Specify Yes or No)	28f PLACE OF INJURY- At building, etc. (Specify)	home, farm, street, factory	v, office 28g. LOC	ATION S	TREET OR R F D, No	CITY OR TOWN	N STATE
9797		/ /	STAT	E REGISTRA	R	-		
140		//						
		//						VRS-Rev-20120523:
	MIN	CERTI	IFIED COPY OF	· VITAL REC	CORDS			A THE THE PARTY OF
J. S. A. OF		exact reproduction of the	document officially regis		001100		The state of the s	SATE OF NEVA
	placed on file in t	he office of the State Regis			\triangleright	STATE REGISTRATE	Linnan	OFFICE OFFI STATE REGISTERAR and VITAL
	DATE ISSUED:	10/22/2014			SIGNATIO	S WINCATE		RECOHIDS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

10/22/2014

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

