



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)

mmA 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 2481 as 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 6th day of July, 2016.

Marion Gandy
MARION GANDY

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

On this 6th 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.

[Signature]

NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014016958
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

Form containing fields for: 1a DECEASED-NAME, 2 DATE OF DEATH, 3a COUNTY OF DEATH, 3b CITY, TOWN, OR LOCATION OF DEATH, 3c HOSPITAL OR OTHER INSTITUTION, 3d If Hosp or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify), 4 SEX, 5 RACE, 6. Hispanic Origin?, 7a AGE-Last birthday (Years), 7b UNDER 1 YEAR, 7c UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10 EDUCATION, 11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, 12 SURVIVING SPOUSE, 13 SOCIAL SECURITY NUMBER, 14a USUAL OCCUPATION, 14b KIND OF BUSINESS OR INDUSTRY, 15a RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify), 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25 IMMEDIATE CAUSE, 26 AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a ACC. SUICIDE, HGM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d DESCRIBE HOW INJURY OCCURRED, 28e INJURY AT WORK, 28f PLACE OF INJURY, 28g. LOCATION

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.

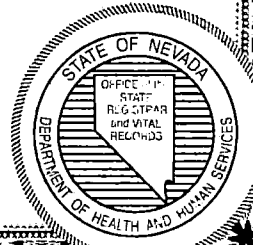
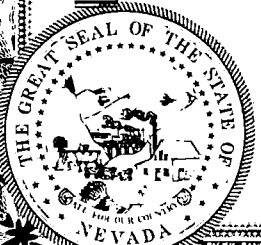
DATE ISSUED:

10/22/2014

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

STATE REGISTRAR
SIGNATURE AUTHENTICATED

VR5-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE