

APN# : 1220-22-210-052

DOUGLAS COUNTY, NV

2016-887566

Rec:\$16.00

\$16.00 Pgs=3

09/14/2016 03:53 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Judy M. Hicks
11320 N. Hwy 395
Gardnerville, NV
89410

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 Judy M. Hicks
Judy M. Hicks Owner

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**This document is being
recorded as an
accommodation only.**

AFFIDAVIT - DEATH OF JOINT TENANT

Judy M. Hicks, of legal age, being first duly sworn, deposes and says:

That Arthur W. Hicks, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Arthur W. Hicks named as one of the parties in that certain Quitclaim Deed dated 07/31/1990 executed by Nancy J. Bergamini, an unmarried woman to Arthur W. Hicks and Judy M. Hicks, Husband and Wife, as Joint Tenants as joint tenants, recorded as instrument No. 232268, on 8/14/1990, in Book 890, Page 1947, of Official Records of County, Nevada, covering the following described property situated in the County of , State of Nevada:

Lot 6, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Dated 8-24-2016

Judy M. Hicks
Judy M. Hicks, Surviving Joint Tenant

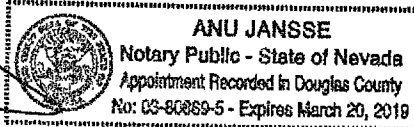
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 8-24-16

by Judy M. Hicks.

Anu Jansse
Notary Public



**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3899676

CERTIFICATE OF DEATH

2016013154
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Arthur W HICKS			2. DATE OF DEATH (Mo/Day/Year) May 26, 2016		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 738 Long Valley Rd		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
DECEDENT	5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68		
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) May 21, 1948			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Married	
	13. SOCIAL SECURITY NUMBER 2941		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Truck Driver			14b. KIND OF BUSINESS OR INDUSTRY Trucking		Ever in US Armed Forces? No
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 738 Long Valley Rd	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Layne HICKS				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helene HURANEILLI			
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Judy HICKS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1320 US Hwy 395 Gardnerville, Nevada 89410				
	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		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER			20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
	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) JUSTIN FRICKE				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) JUSTIN FRICKE			
	21b. DATE SIGNED (Mo/Day/Yr) July 22, 2016		21c. HOUR OF DEATH 06:02		22b. DATE SIGNED (Mo/Day/Yr) July 22, 2016		22c. HOUR OF DEATH 06:11	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) May 26, 2016	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Justin Fricke P O Box 218 Minden, NV 89423						23b. LICENSE NUMBER 0523	
CAUSE OF DEATH	24a. REGISTRAR (Signature) RHONDA PENA			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2016		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) Massive Hemoperitoneum						Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (b) Ruptured Mesenteric Artery Thromboses And Inflammation						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c)						Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF: (d)						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. Arteriosclerotic Cardiovascular Disease, Severe Coronary Artery, Cerebral Artery, And Aortic Calcified Atherosclerosis, Benign Prostate Hyperplasia, Cholelithiasis						26. AUTOPSY (Specify Yes or No) Yes		
28a. ACO, 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

000635422



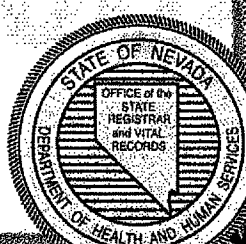
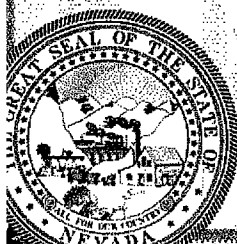
CERTIFIED COPY OF VITAL RECORDS

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: **7/27/2016**

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a