

APN# : 1220-16-210-196

DOUGLAS COUNTY, NV      **2016-892416**  
Rec:\$16.00  
\$16.00      Pgs=3      12/21/2016 02:11 PM  
ETRCO, LLC  
KAREN ELLISON, RECORDER

**Recording Requested By:**  
eTRCo, LLC.

**When Recorded Mail To:**  
Marvin R. Cox

211 Kington Way  
Grand, NV 89460

**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



Wendy Dunbar

Escrow Officer

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**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**

Marvin R. Cox, of legal age, being first duly sworn, deposes and says:

That Mary E. Cox, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary E. Cox named as one of the parties in that certain Grant, Bargain, Sale Deed dated 4/13/2005 executed by Marvin R. Cox and Mary E. Cox, Husband and Wife as Joint Tenants with Tigt of Survivorship to Marvin R. Cox and Mary E. Cox, Husband and Wife as joint tenants with right of survivorship, recorded as instrument No. 642332, on 4/20/2005, in Book0405, Page 8466, 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 12 in Block G, as shown on the amended map of RANCHOS ESTATES, filed in the office of the County Recorder of Douglas County, Nevada, on October 30, 1972, as Document No. 62493.

Dated December 13, 2016

Marvin R. Cox  
Marvin R. Cox

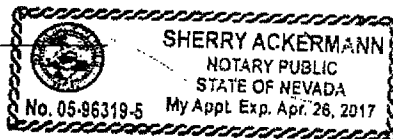
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on December 13, 2016

by Marvin R. Cox

Sherry Ackermann  
Notary Public



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

2014006609  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Mary E COX</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 18, 2014</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>77</b>	
	7b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 09, 1936</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Marvin COX</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████-1838</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Retail Clerk</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Doll Maker</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1211 Kingston Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Albert SHEPERD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Corine GEER</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Marvin COX</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1211 Kingston Way Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>MANSI SHAH</b> 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) <b>April 24, 2014</b>		21c. HOUR OF DEATH <b>20:25</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Andrews, John Douglass</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>MANSI SHAH 1155 Mill St. Reno, NV 89502</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>LL2224</b>		24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 28, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I		Interval between onset and death	
	(a) <b>Cardiac arrest</b>					
DATE ISSUED: 05/02/2014	(b) <b>Anoxic brain injury</b>					
	(c) <b>Acute respiratory failure</b>					
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.	(d) <b>Etiology unknown</b>					
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Coronary artery disease</b>		27. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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

524802

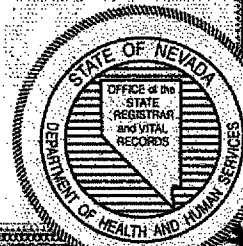
CERTIFIED COPY OF VITAL RECORDS

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: 05/02/2014

*R. J. White*  
SIGNATURE AUTHENTICATED

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



VRS-Rev-20120523a