



KAREN ELLISON, RECORDER

16-
APN: 1220-04-210-016

WHEN RECORDED MAIL TO:

Donald L. Garrison
P.O. Box 472
Minden, NV 89423

SENT TAX STATEMENTS TO:

Donald L. Garrison
P.O. Box 472
Minden, NV 89423

Pursuant to NRS 239B.030(4), I affirm that this instrument DOES contain a social security number.

AFFIDAVIT OF SURVIVING JOINT TENANT

Donald L. Garrison, being first duly sworn on oath, deposes and states under the pains and penalties of perjury as follows:

1. That your affiant was a joint tenant with Annett Garrison, Deceased. Your affiant is the surviving joint tenant.
2. Your affiant and Annett Garrison were grantees in joint tenancy with right of survivorship pursuant to that certain Grant, Bargain and Sale Deed dated April 8, 2002, and recorded April 19, 2002, in the official records of Douglas County, Nevada, as Document No. 0540087, Book 0402, Page 06199.

The grantees in the Joint Tenancy Deed are one and the same as your affiant and Annett Garrison.

3. The joint tenancy property, with right of survivorship, is located at 1363 Northampton Circle, Gardnerville, Nevada. The property may be more specifically identified as:

Lot 2, in Block A, of SUNSET PARK SUBDIVISION, according to the map thereof filed in the office of the County Recorder of Douglas County, State of Nevada, on June 5, 1987 in Book 687, Page 763, as Document No. 155926 and by Certificate of Amendment recorded December 23, 1987, in Book 1287, Page 3314, Document No. 169385.

4. Annett Garrison, affiant's joint tenant, died on 31 March 2014, in Reno, Nevada, and is the identical person named as the Deceased in that certain certified copy of the Certificate of Death attached hereto as Exhibit "A". The certified copy of the Certificate of Death is incorporated herein by this reference as if set forth in full.

5. That all of the property identified herein is now vested in your affiant, Donald L. Garrison, as of the date of the Decedent's death.

DATED this 30 day of March, 2017.

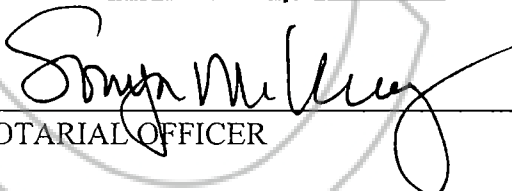

Donald L. Garrison

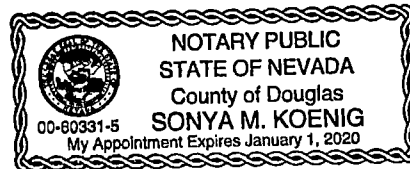
ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On the 30 day of March, 2017, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared Donald L. Garrison, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

This instrument was acknowledged before
me on this 30 day of March, 2017.


NOTARIAL OFFICER



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3764999

CERTIFICATE OF DEATH

2014005328
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Annett GARRISON		2. DATE OF DEATH (Mo/Day/Year) March 31, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Renown Regional Medical Center Intensive Care Unit (ICU)		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Don GARRISON			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-3717		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Continental Telephone	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1363 North Hampton		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Elwin A MILLER	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Valerie BRADSHAW		18a. INFORMANT - NAME (Type or Print) Don GARRISON			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 472 Minden, Nevada 89423				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			
CERTIFIER	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	
	20d. SIGNATURE AUTHENTICATED		20e. ADDRESS OF FACILITY 1521 Church Street Gardnerville NV 89410			
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) SIGNATURE AUTHENTICATED NANCY WAIGANTO MD		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) April 03, 2014		21c. HOUR OF DEATH 07:00		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) NANCY WAIGANTO MD 1155 Mill St. Reno, NV 89502			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER LL2257		24a. REGISTRAR (Signature) SANDI BRIDGES		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 07, 2014	
	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 (a) Cardiopulmonary failure DUE TO, OR AS A CONSEQUENCE OF: (b) Healthcare associated pneumonia/chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
STATE REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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.

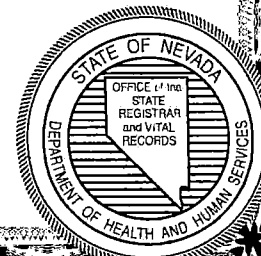
DATE ISSUED:

MAR 24 2017

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

Cody D. Phinney
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE