

APN# : 1220-04-210-003

Recording Requested By:

Western Title Company

When Recorded Mail To:

Thomas Fackrell

1666 Sunshine

Minden, NV 89423

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



Traci Adams

Escrow Officer

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

Thomas Fackrell, of legal age, being first duly sworn, deposes and says:

That Gail S. Fackrell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gail S. Fackrell named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/13/2013 executed by Robert C. Berry to Thomas Fackrell and Gail S. Fackrell, husband and wife as joint tenants with right of survivorship recorded as instrument No. 827429, on 7/19/2013, in Book 713, Page 4751, 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 14, 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.

Dated 1/3/18

Thomas Fackrell
Thomas Fackrell, Surviving Joint Tenant

STATE OF NEVADA)SS
COUNTY OF Douglas

This instrument was acknowledged before me on 1/3/18

by Thomas Fackrell.

Notary Public

[Handwritten Signature]



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3979546

CERTIFICATE OF DEATH

2017017961
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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gail S FACKRELL		2. DATE OF DEATH (Mo/Day/Year) September 22, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Specify) Intensive Care Unit (ICU)	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR (Specify) MOS DAYS HOURS MINS		7c. UNDER 1 DAY (Specify) HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1946		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Thomas FACKRELL	
13. SOCIAL SECURITY NUMBER ██████████-2210		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Hairdresser		14b. KIND OF BUSINESS OR INDUSTRY Salon	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1351 Wilson Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. Ever in US Armed Forces? No	
18. FATHER/PARENT - NAME (First Middle - Last Suffix) Paul SKIDMORE			17. MOTHER/PARENT - NAME (First Middle - Last Suffix) Mildred HALES		
18a. INFORMANT - NAME (Type or Print) Tom FACKRELL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1351 Wilson Circle 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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE MD 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) September 27, 2017		21c. HOUR OF DEATH 18:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH			
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2017		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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Hypoxic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Pulmonary Hypertension				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Acute Metabolic Encephalopathy				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Acute Kidney injury; Hypertension; Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. BURIED, 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

VR8-Rev-20120523a

000692712



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: **OCT 10 2017**

[Signature]
STATE REGISTRAR

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

