

APN# : 1219-15-002-054

Recording Requested By:

Western Title Company

When Recorded Mail To:

Gary D. Anderson

879 Whispering Pine Court

Gardnerville, NV 89460

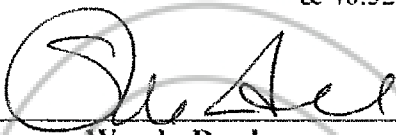
Mail Tax Statements to: (deeds only)

same as above

(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

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

Gary D. Anderson, of legal age, being first duly sworn, deposes and says:

That Susan Ann Anderson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Susan A. Anderson named as one of the parties in that certain Grant, Bargain and Sale Deed dated 9/17/2012 executed by Doug H. Lubushkin and Kathleen A. Contento, husband and wife as joint tenants to Gary D. Anderson and Susan A. Anderson, husband and wife, as joint tenants, recorded as instrument No. 0809468, on 9/20/2012, in Book0912, Page 4824, 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, bounded and described as follows:

Parcel 4A as set forth on Parcel Map #1 LDA 01-013 for Mikim Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 13, 2002, in Book 802, Page 3354, as Document No. 549321.

Dated 5-10-18

Gary D. Anderson
Gary D. Anderson, Surviving Joint Tenant

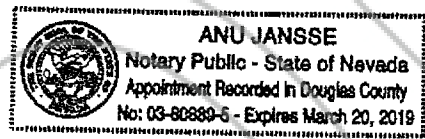
STATE OF NEVADA ;SS

COUNTY OF Douglas

This instrument was acknowledged before me on 5/10/18

by Gary D. Anderson.

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. 4013738

CERTIFICATE OF DEATH

2018007631

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) Susan Ann ANDERSON		2. DATE OF DEATH (Mo/Day/Year) April 05, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Carson Valley Medical Center		3e. If Hosp. or inst. indicate DOA,OP,Emer. Rm. Intensive Care Unit (ICU)	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - PORTUGUESE	7a. AGE-Last birthday (Years) 64	7b. UNDER 1 YEAR WKS DAYS HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) July 02, 1953
9a. STATE OF BIRTH (if not USCA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 15	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to 1st marriage) Gary D ANDERSON
13. SOCIAL SECURITY NUMBER 4394		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Assistant		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 879 Whispering Pine Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) William MAAKESTAD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elsie RODRIGUES		
18a. INFORMANT- NAME (Type or Print) Gary D ANDERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 879 Whispering Pine Ct Gardnerville, Nevada 89460			
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) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD681	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) JAMES W FORSYTHE 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) April 18, 2018		21c. HOUR OF DEATH 08:50		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
21d. 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) James W Forsythe MD 521 Hamill Lane Reno, NV 89511					23b. LICENSE NUMBER 2864
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 19, 2018		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) Metastatic Colorectal Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Complete Bowel Obstruction DUE TO, OR AS A CONSEQUENCE OF: (c) 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 1.					26. AUTOPSY (Specify Yes or No) No
26a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
28a. 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

000720047



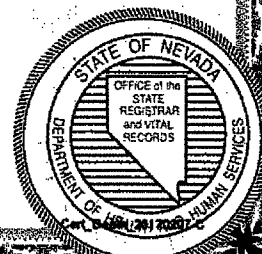
CERTIFIED COPY OF VITAL RECORDS

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: **4/27/2018**

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE