

APN# : 1319-03-312-004



KAREN ELLISON, RECORDER

**Recording Requested By:**

Georgia Frederick

**When Recorded Mail To:**

Georgia Frederick

P.O. Box 850

Genoa, NV 89411

**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 Georgia Frederick  
Georgia Frederick Grantee

**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**

Georgia Frederick, of legal age, being first duly sworn, deposes and says:

That Ronnie T. Frederick, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ronnie T. Frederick named as one of the parties in that certain Grant, Bargain and Sale Deed dated 7/16/2014 executed by Eagle Ridge at Genoa, LLC, a Nevada Limited Liability Company to Ron T. Frederick and Georgia Frederick, husband and wife as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 848059, on 8/18/2014, in Book814, Page 3891, 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:

PARCEL 1:

Lot 5, as shown on the Final Subdivision Map, Planned Unit Development PD 04-001 for EAGLE RIDGE AT GENOA, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 29, 2005 in Book 705, Page 13949, as Document No. 650856.

PARCEL 2:

An easement for ingress and egress over private streets and common areas as shown and delineated on said map.

Dated 8-8-18

Georgia Frederick  
Georgia Frederick, Surviving Joint Tenant

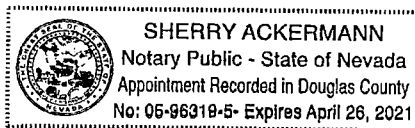
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on August 8, 2018 \_\_\_\_\_.

by Georgia Frederick \_\_\_\_\_.

Sherry Ackermann  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

CASE FILE NO. 4022780

**2018010914**  
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) <b>Ronnie T FREDERICK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 04, 2018</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>1162 Drake Way</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>66</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 13, 1952</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Kentucky</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Georgia COOKE</b>	
13. SOCIAL SECURITY NUMBER <b>██████████8682</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Logistics</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1162 Drake Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Morris FREDERICK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elda HAMMONS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Georgia FREDERICK</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 850 Genoa, Nevada 89411</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>NITA SCHWARTZ MD</b>			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>June 06, 2018</b>		21c. HOUR OF DEATH <b>07:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>PALOMA VACA</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 07, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Pancreatic Cancer With Metastasis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) 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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR



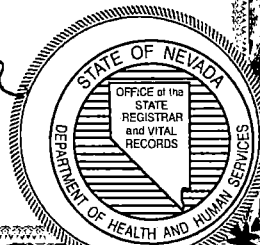
CERTIFIED COPY OF VITAL RECORDS

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: **JUN 11 2018**

*Julie Katchear*  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523