

APN# 1022-18-001-004



KAREN ELLISON, RECORDER

Recording Requested by/Mail to
Name Ernest E. Adler, Esq.
Address 412 N. Division
City/State/Zip Carson City, NV 89703

Mail Tax Statements to
Name Gaylord R. Lane
Address 3246 Penrod Lane
City/State/Zip Gardnerville, NV 89410

AFFIDAVIT OF SURVIVING JOINT TENANCY

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law (check applicable)

Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)

Judgment – NRS 17 150(4)

Military Discharge – NRS 419 020(2)

Gaylord R Lane
Signature

Gaylord R Lane, Surviving Joint Tenant

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

3 At the time of death of Judith L Lane, title to the real property described in paragraph 2 above continued to be held by GAYLORD R LANE AND JUDITH L LANE, husband and wife, as joint tenants As a result of the death of Judith L Lane and the joint tenancy form of title, the real property described in paragraph 2 above is now owned by Gaylord R Lane, surviving joint tenant

Dated this 8th day of November, 2018

Gaylord R Lane
Gaylord R Lane, Surviving Joint Tenant

SUBSCRIBED and SWORN (or affirmed) to
before me by Gaylord R Lane, Surviving Joint Tenant
this 8th day of November, 2018

Natasha Kiernan
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 3906932

2016014267
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) Judith Lucia LANE		2 DATE OF DEATH (Mo/Day/Year) July 31, 2016		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 Inpatient (Specify) Inpatient	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 82		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) November 06, 1933		9a STATE OF BIRTH (if not US/CA, name country) Iowa		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) Gaylord LANE	
13 SOCIAL SECURITY NUMBER 0027		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b KIND OF BUSINESS OR INDUSTRY Own Home	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 3246 Penrod Lane		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Herbert BRIERLY			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Phyllis GREVE		
18a INFORMANT - NAME (Type or Print) Gaylord LANE		18b MAILING ADDRESS (Street or R.F.D. No, City or Town State, Zip) 3246 Penrod Lane Gardnerville, Nevada 89410			
19a BURIAL, CREMATION, REMOVAL OTHER (Specify) Anatomical Donation/Cremation		19b CEMETERY OR CREMATORY - NAME Sierra Crematory		19c LOCATION City or Town State Reno Nevada 89503	
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 Funeral Home, Reno 875 West Second St Reno NV 89503	
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) SUE O SANCHEZ M.D.			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) August 02, 2016		21c HOUR OF DEATH 13 37		22b DATE SIGNED (Mo/Day/Yr)	
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) Sue O Sanchez M D 1661 Lucerne St Minden, NV 89423				23b LICENSE NUMBER 9360	
24a REGISTRAR (Signature) RHONDA PENA		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 11, 2016		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) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(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 I				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

000640352



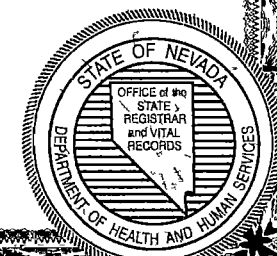
CERTIFIED COPY OF VITAL RECORDS

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 **8/25/2016**

Cody Phinney
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