

DOUGLAS COUNTY, NV      **2018-923256**  
Rec:\$35.00  
\$35.00      Pgs=3      12/06/2018 08:25 AM  
SOLIDIFI TITLE AGENCY, LTD - 0506  
KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Sandra K. Webb  
936 Dresslerville Road  
Gardnerville, NV 89460

Order No.:  
Escrow No.:  
APN: 1220-15-210-086

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT  
By Surviving Spouse**

**STATE OF NEVADA**

**COUNTY OF DOUGLAS**

**SANDRA K. WEBB**, of legal age, being first duly sworn, deposes and says:

1. **KENNETH C. WEBB**, is the decedent mentioned in the attached certified copy of Certificate of Death, who died on **AUGUST 21, 2016**, at **GARDNERVILLE, NV**.
2. I am the surviving spouse of Decedent and was married to Decedent on the date of death.
3. Decedent and I are the same persons who are named as grantees in that certain deed dated APRIL 26, 1985, executed by **IRMA A. CLARK to KENNETH C. WEBB AND SANDRA K. WEBB, HUSBAND AND WIFE** as **joint tenants**, recorded on APRIL 29, 1985, as Instrument No. **116602** Official Records of DOUGLAS County, Nevada, describing the following real property:

LOT 8, AS SAID LOT IS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965, IN BOOK 1 OF MAPS, FILING NO. 28309, AND AMENDED TITLE SHEET ON JUNE 4, 1965, FILING NO. 28377.

PARCEL ID: 1220-15-210-086

Commonly known as: 936 Dresslerville Road, Gardnerville, NV 89460

**ATTACH CERTIFIED COPY OF DEATH CERTIFICATE**

Dated: 11-10-18

Sandra K Webb  
SANDRA K. WEBB

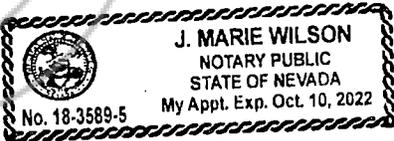
STATE OF NEVADA  
COUNTY OF DOUGLAS

I, J. Marie Wilson, a Notary Public of the County and State first above written, do hereby certify that Sandra K. Webb personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal, this the 10th November, 2018.

J. Marie Wilson  
Notary Public

My Commission Expires: 10-10-22



(SEAL)

# 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. 3910860

**2016015226**  
STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kenneth Clifton WEBB</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 21, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) <b>936 Dresslerville Road Home</b>		4. SEX <b>Male</b>	
<b>DECEDENT</b>	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>73</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 31, 1942</b>	
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Sandra Kay BEENE</b>			
<b>PARENTS</b>	13. SOCIAL SECURITY NUMBER <b>0078</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Corrections</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Law Enforcement</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
<b>POSITION</b>	15d. STREET AND NUMBER <b>936 Dresslerville Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Aubrey M WEBB JR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Juanita Grace EDMONDS</b>		
<b>TRADE CALL</b>	18a. INFORMANT- NAME (Type or Print) <b>Sandra Kay WEBB</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>936 Dresslerville Road Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
<b>CERTIFIER</b>	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
	21. 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 NITA SCHWARTZ M.D.</b>					
<b>REGISTRAR</b>	21b. DATE SIGNED (Mo/Day/Yr) <b>August 24, 2016</b>		21c. HOUR OF DEATH <b>01:20</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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
<b>CAUSE OF DEATH</b>	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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 25, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 25, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) <b>End Stage Liver Disease</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Alcoholism</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) <b></b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) <b></b> DUE TO, OR AS A CONSEQUENCE OF:				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>Yes</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. CITY OR TOWN STATE		

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORD

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: **8/26/2016**

*Cody Phingy*  
SIGNATURE AUTHENTICATED

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

