

APN# : 1022-15-001-017

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Claudette M. Springmeyer
P.O. Box 1059
Minden, NV
89423

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



Anu Jansse

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

Claudette M. Springmeyer, of legal age, being first duly sworn, deposes and says:

That Ronetta Lloyd, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ronetta Lloyd named as one of the parties in that certain Grant, Bargain and Sale Deed dated 7/18/1995 executed by James Martz and Yvonne J. Martz, husband and wife to Richard O. Lloyd and Ronetta Lloyd, husband and wife, as joint tenants as joint tenants, recorded as instrument No. 366341, on 7/18/1995, in Book 0795, Page 2484, 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 15 in Block B, as set forth on the Official Map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970, as Document No. 50212.

Dated 12/13/18

The Estate of Richard O. Lloyd

C. Springmeyer
By: Claudette M. Springmeyer,
Douglas County Appointed Public
Administrator

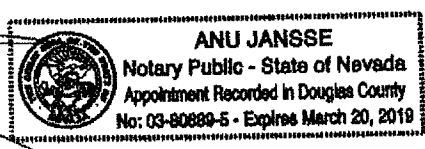
STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on
12/13/18

by Claudette M. Springmeyer.

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

CERTIFICATE OF DEATH

2014004841

STATE FILE NUMBER

CASE FILE NO. 3762967

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) Ronetta LLOYD		2. DATE OF DEATH (Mo/Day/Year) March 17, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or 3920 Walker View Rd		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) February 26, 1933		9a. STATE OF BIRTH (if not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Richard Owen LLOYD	
13. SOCIAL SECURITY NUMBER ██████████-8129		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 Wellington	
15d. STREET AND NUMBER 3920 Walker View Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ron WILLIAMS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Etta CUFF		18a. INFORMANT-NAME (Type or Print) Richard Owen LLOYD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3920 Walker View Rd Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP BARNA		20b. FUNERAL DIRECTOR LICENSE NUMBER 222T		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
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) EVAN W EASLEY MD			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) March 24, 2014		21c. HOUR OF DEATH 12:16		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) Evan W Easley MD 1520 Virginia Ranch Rd, Gardnerville, NV 89410		23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 31, 2014		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).)		26. AUTOPSY (Specify Yes or No) No		27. Was CASE REFERRED TO CORONER (Specify Yes or No) Yes	
PART I		(a) Cardiac Arrest		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Failure		(c) DUE TO, OR AS A CONSEQUENCE OF: Hypertension		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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.				28a. ACC., SUICIDE, HON., 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

000737997



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: 9/27/2018

Julie Katchevan
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

