

APN# 1220-03-212-029

Recording Requested by/Mail to

Name Janet E. Kent

Address 1429 Sugar Maple Ave

City/State/Zip Gardnerville, NV 89410

Mail Tax Statements to

Name Janet E. Kent

Address 1429 Sugar Maple Ave

City/State/Zip Gardnerville, NV 89410



00087886201909265610030031

KAREN ELLISON, RECORDER

Affidavit - Death of Joint Tenant

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)

Signature

Janet E. Kent

Printed Name

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

APN: 1220-03-212-029

RECORDING REQUESTED BY

Janet E Kent
1429 Sugar Maple Ave
Gardnerville, NV 89410

AFTER RECORDATION, RETURN BY MAIL TO

Janet E Kent
1429 Sugar Maple Ave
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT


STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

Janet E Kent, being 18 years or over, being first duly sworn, deposes and says

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jill E Kent named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 19, 2008, executed by Jill E Kent, an unmarried woman, and Janet E Kent, an unmarried woman to Janet E Kent, an unmarried woman (surviving tenant), and Jill E Kent, an unmarried woman, as joint tenants, and recorded on March 28, 2008, in Book 0308, at Page 6901, Document No 0720484 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada

LOT 29, BLOCK E, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 01-047, PLANNED UNIT DEVELOPMENT FOR ARBOR GARDENS, PHASE 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON NOVEMBER 19, 2004, BOOK 1104, PAGE 9523, AS DOCUMENT NO. 629883

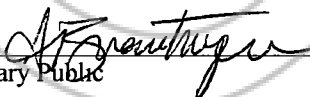
Dated March 11, 2019



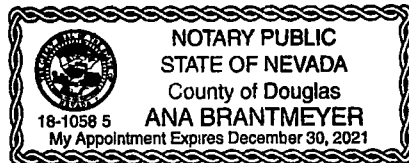
Janet E Kent

State of Nevada)
) ss
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 11th day of March, 2019, by Janet E Kent, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me



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 4055177

2018023503
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) Jill Elaine KENT | | 2 DATE OF DEATH (Mo/Day/Year) December 09, 2018 | | 3a COUNTY OF DEATH Carson City | |
| 3b CITY TOWN OR LOCATION OF DEATH Carson City | | 3c HOSPITAL OR OTHER INSTITUTION Name (If not either give street address) Courtyard by Marriott | | 3d SEX Female | |
| 5 RACE (Specify) White | | 6 Hispanic Origin? Specify No - Non-Hispanic | | 7a AGE Last birthday (Years) 61 | |
| 9a STATE OF BIRTH (If not U.S.A. name country) California | | 9b CITIZEN OF WHAT COUNTRY United States | | 10 EDUCATION 12 | |
| 11 SOCIAL SECURITY NUMBER 0122 | | 14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Clerk | | 14b KIND OF BUSINESS OR INDUSTRY Hotel | |
| 16a RESIDENCE STATE Nevada | | 16b COUNTY Douglas | | 16c CITY TOWN OR LOCATION Gardnerville | |
| 16d STREET AND NUMBER 1429 Sugar Maple Ave | | 16e INCLUDE CITY LIMITS (Specify Yes/No) Yes | | 17 MOTHER/PARENT NAME (First Middle Last Suffix) Janet Elizabeth GENAU | |
| 18a INFORMANT NAME (Type or Print) Janet KENT | | 18b MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 1429 Sugar Maple Ave Gardnerville Nevada 89410 | | | |
| 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 | | 20b FUNERAL DIRECTOR LICENSE NUMBER FD861 | | 20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410 | |
| 21 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) RUTH RHINES | | | 21b DATE SIGNED (Mo/Day/Yr) January 10 2019 | | |
| 21c HOUR OF DEATH 12 42 | | | 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | |
| 22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) RUTH RHINES | | | 22b DATE SIGNED (Mo/Day/Yr) December 09 2018 | | |
| 22c HOUR OF DEATH 12 42 | | | 22d PRONOUNCED DEAD (Mo/Day/Yr) December 09 2018 | | |
| 22e PRONOUNCED DEAD AT (Hour) 12 42 | | | 22f NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | |
| 23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E. Musser St Carson City NV 89701 | | | | 23b LICENSE NUMBER 9307 | |
| 24a REGISTRAR (Signature) CATHERINE E SIMPSON | | | 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 10, 2019 | | 24 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) Combined Doxepin, Duloxetine, Gabapentin, And Probable Insulin Toxicity | | | | | |
| DUE TO OR AS A CONSEQUENCE OF | | | | | |
| (b) DUE TO OF AS A CONSEQUENCE OF | | | | | |
| DUE TO OF AS A CONSEQUENCE OF | | | | | |
| (c) DUE TO OR AS A CONSEQUENCE OF | | | | | |
| DUE TO OF AS A CONSEQUENCE OF | | | | | |
| (d) DUE TO OR AS A CONSEQUENCE OF | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part I Depression | | | | | |
| 26 AUTOPSY (Specify Yes or No) Yes | | 27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | |
| 28a ACC SUICIDE HOW UNDET OF PENDIG INVEST (Specify) Suicide | | 28b DATE OF INJURY (Mo/Day/Yr) December 09 2018 | | 28c HOUR OF INJURY 1242 | |
| 28d DESCRIBE HOW INJURY OCCURRED Consumed Drugs | | | | | |
| 28e INJURY AT WORK (Specify Yes or No) No | | 28f PLACE OF INJURY At home farm street factory office building etc (Specify) Hotel/Motel | | 28g LOCATION STREET OR R.F.D. No CITY OR TOWN STATE 3970 S Carson St #206 Carson City Nevada | |

STATE REGISTRAR

VRS-Rev 20120523a

000752308



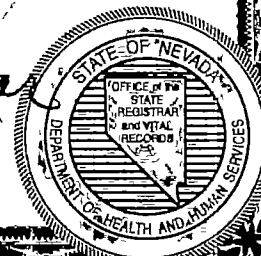
CERTIFIED COPY OF VITAL RECORDS

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 **JAN 24 2019**

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

Julie Katchera
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE