

APN# 1121-05-513-035



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Frances L. Voudy

Address: 3 Conner way

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Frances L. Voudy

Address: 3 Conner Way

City/State/Zip: Gardnerville, NV 89410

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

Frances L. Voudy

Printed Name

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

APN: 1121-05-513-035

RECORDING REQUESTED BY:

Frances L. Voudy
3 Conner Way
Gardnerville, NV 89410

AFTER RECORDATION, RETURN BY MAIL TO:

Frances L. Voudy
3 Conner Way
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

FRANCES VOUDY, 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 ROBERT E. VOUDY, SR. named as one of the parties in that certain Quitclaim Deed dated November 19, 2018, executed by Pine View Estates Home Owners Association, a Nevada non-profit corporation to ROBERT E. VOUDY, SR. and FRANCIS L.VOUDY (surviving tenant whose name is correctly spelled "Frances"), husband and wife as joint tenants, and recorded on November 26, 2018, as Document No. 2018-922734 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Dated: May 9 2019

Frances Voudy

Frances Voudy

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 9 day of May, 2019, by Frances Voudy, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.

Shawnyne Garren

Notary Public

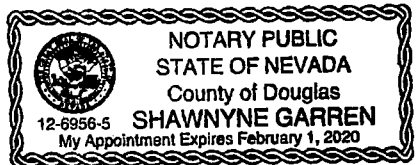


EXHIBIT "A"

Lot 127, as set forth on the Amended Record of Survey for PINEVIEW DEVELOPMENT, UNIT NO 4, filed in the office of the Douglas County Recorder on December 23, 2002, in Book 1202, Page 10400, File No 561783, subject to that certain Declaration of Covenants, Conditions and Restrictions for Pine View filed in the office of the Douglas County Recorder on October 13, 1997, in Book 1097, Page 2388, File No 0423883, EXCLUDING any and all water rights, including, but not limited to applications and permits to appropriate any of the public waters, certificates of appropriation, adjudicated or unadjudicated water rights, applications or permits to change the place of diversion, manner of use or place of use of water, and, federal reserved water rights.

¹¹²¹
APN ~~11~~-05-513-035

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA
CERTIFICATE OF DEATH

CASE FILE NO. 3932728

2016024103
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) Robert Ellsworth VOUDY SR		2. DATE OF DEATH (Mo/Day/Year) December 29, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Veterans Hospital - Washoe		3e If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS		7c UNDER 1 DAY DAYS HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) January 01, 1940		9a STATE OF BIRTH (If not US/CA, name country) New York		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) Frances PAGE	
13. SOCIAL SECURITY NUMBER 9486		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Contractor		14b. KIND OF BUSINESS OR INDUSTRY Plumbing	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 3 Corner Way		15e. INSIDE CITY LIMITS (Specify Yes or No)		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur Everett VOUDY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret MARSKI		
18a INFORMANT-NAME (Type or Print) Frances VOUDY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3 Corner Way Gardnerville, Nevada 89410			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOANN BUSAM		20b. FUNERAL DIRECTOR LICENSE NUMBER 624		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
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) SIGNATURE AUTHENTICATED NEILA S SHUMAKER 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) January 04, 2017		21c. HOUR OF DEATH 13:33		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Neila S Shumaker M.D. 975 Kirman Ave Reno, NV 89502			
23b. LICENSE NUMBER 4891		24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 11, 2017	
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) Aspiration Pneumonia		Interval between onset and death Days		DUE TO, OR AS A CONSEQUENCE OF.	
(b) Major Neurocognitive Disorder		Interval between onset and death Months		DUE TO, OR AS A CONSEQUENCE OF.	
(c)		Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF.	
(d)		Interval between onset and death		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				26 AUTOPSY (Specify Yes or No) Yes	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

VRS-Rev-20120523a

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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.

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:
REV 10/15

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

