

APN# 1320-31-511-001



Recording Requested by/Mail to:

Name: Gloria A Grant

Address: 1687 Mackland Ave

City/State/Zip: Minden NV 89423

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Joint Tenancy Change

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

Printed Name

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

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF Nevada)
COUNTY OF Douglas) SS.

Now on this 15 day of July 2019, Gloria A Grant, of lawful age,

being duly sworn, state as follows:

On the 9 day of March 2017 this interest was conveyed by document to Dale A & Gloria A Grant as Joints Tenants, and not as Tenants in Common, with the right of survivorship, the following real property situated in Douglas County, Nevada to wit: 'See exhibit A'

Section _____ Township _____, Range _____

Which document was recorded in the records of the County Clerk of Douglas County, State of Nevada Book 1184, at Page 510. There is attached hereto a certified copy of the Death Certificate of Dale Grant deceased, issued by the Department of Health for the State of NEVADA showing that the deceased Joint Tenant died on the 17 day of May 2014.

Affiant further states that he/she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse.

And further affiant saith not
Signed Gloria A Grant
Gloria A Grant Affiant GRANT

Subscribed and sworn to before me this _____ day of _____, _____.
My Commission Expires. _____

Notary Public

ACKNOWLEDGMENT

STATE OF Nevada)
COUNTY OF Douglas) SS.

Before me, the undersigned, a Notary Public, in and for said County and State on the 16 day of July, 2019, personally appeared Gloria A Grant to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires: 8-5-20
Jodi O Stovall
Notary Public

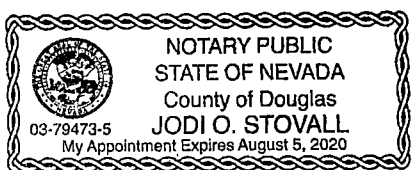
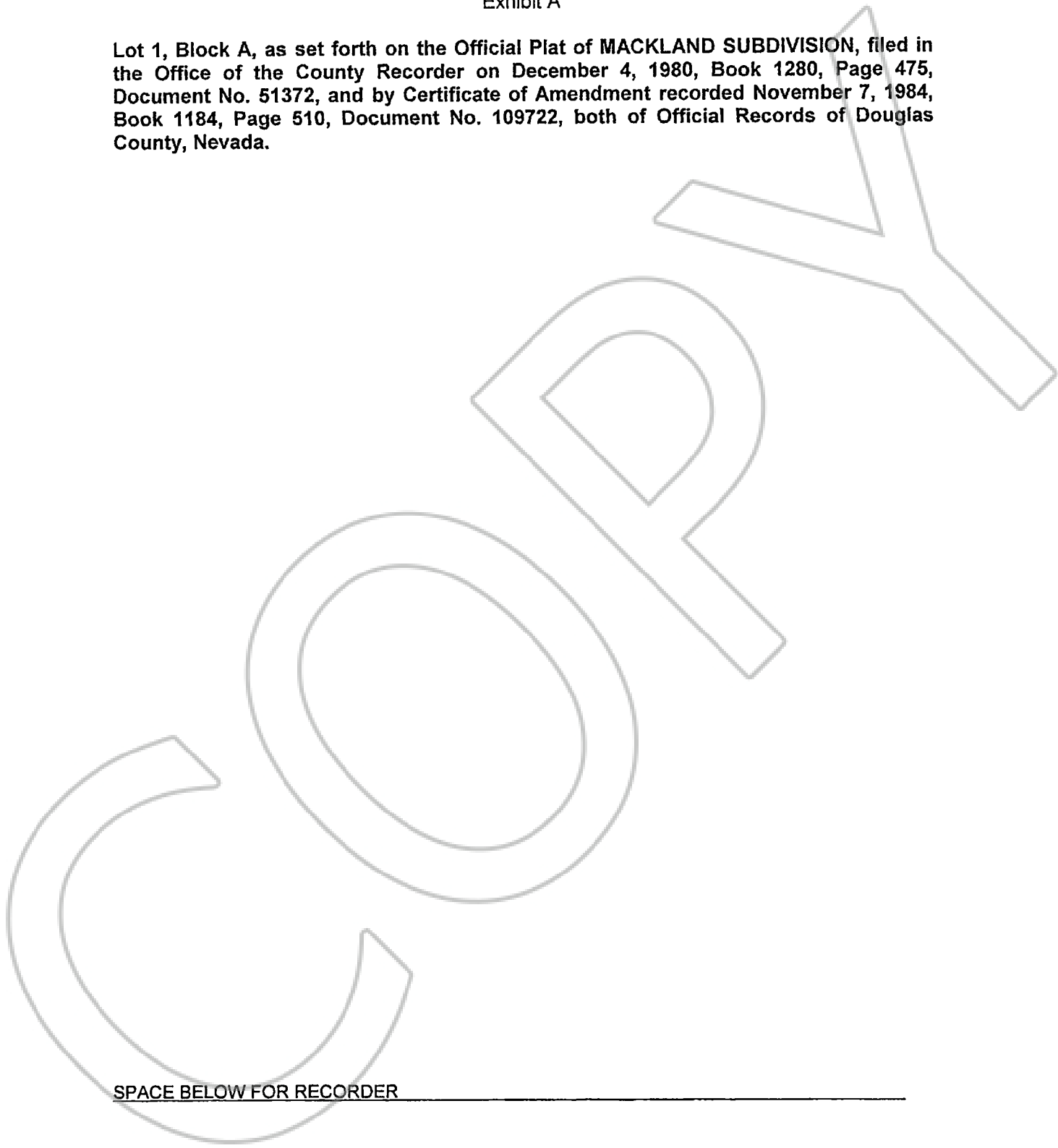


Exhibit A

Lot 1, Block A, as set forth on the Official Plat of MACKLAND SUBDIVISION, filed in the Office of the County Recorder on December 4, 1980, Book 1280, Page 475, Document No. 51372, and by Certificate of Amendment recorded November 7, 1984, Book 1184, Page 510, Document No. 109722, both of Official Records of Douglas County, Nevada.



SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4082784

CERTIFICATE OF DEATH

2019010120
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dale Arden GRANT		2. DATE OF DEATH (Mo/Day/Year) May 17, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Valley Medical Center		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Emergency Room / Outpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Orig.n? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) May 10, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Maine		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gloria A AGUILAR	
PARENTS	13. SOCIAL SECURITY NUMBER 1191		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ENGINEER		14b. KIND OF BUSINESS OR INDUSTRY ENGINEERING	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1687 Mackland Avenue		16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter P GRANT		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nettie BULMER	
	18a. INFORMANT - NAME (Type or Print) Gloria A GRANT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1687 Mackland Avenue Minden, Nevada 89423			
TRADE CALL	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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
CERTIFIER	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 SIGNATURE AUTHENTICATED		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) May 20, 2019		21c. HOUR OF DEATH 21:03		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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			
CAUSE OF DEATH	23b. LICENSE NUMBER 7446		24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 22, 2019	
	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			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiac Arrhythmia		Interval between onset and death			
	(b) Hypoxia		Interval between onset and death			
(c) Chronic Obstructive Lung Disease		Interval between onset and death				
(d) Nicotine Dependency		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) 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		



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.

5/28/2019

DATE ISSUED:

Jan Shugh
Interim Administrator

STATE REGISTRAR

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

