

APN: 1320-36-002-020

When Recorded, Please Return To:

Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423



00094753201909322490030031

KAREN ELLISON, RECORDER

Mail Future Tax Statements To:

Naomi O'Keefe
1909 Horsebrush Ct.
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

The attached document **does** contain the social security number of a person as required by NRS 440.380.

AFFIANT, Naomi June O'Keefe, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 1, in Block C, as shown on the map OF WILDFLOWER RIDGE SUBDIVISION, UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada on December 19, 1990, in Book 1290, Page 2541, as Document No. 241308

was acquired and held by Affiant Naomi June O'Keefe and Decedent Robert Jack O'Keefe as husband and wife as Joint Tenants with rights of survivorship, by Individual Grant Deed executed by Beard, Van Houten and Associates, Inc., on November 19, 1992, which deed was thereafter recorded with the Douglas County Recorder on November 23, 1992;

That Decedent Robert Jack O'Keefe passed away on May 3, 2019, as identified in Certificate of Death #2019009018, issued by the Department of Health and Human Services of the State of Nevada;

That pursuant to the rules of survivorship, Affiant, Naomi June O'Keefe, is the survivor and now holds this property as a unmarried woman as her sole and separate property;

That pursuant to NRS 111.312, the above legal description previously appeared in Individual Grant Deed recorded on November 23, 1992, as Document Number 293815

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: June 11, 2019

Naomi June O'Keefe
Naomi June O'Keefe, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me on June 11, 2019, by Naomi, June O'Keefe.

Michael G. Millward
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4080404

CERTIFICATE OF DEATH

2019009018
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 Jack OKEEFE		2. DATE OF DEATH (Mo/Day/Year) May 03, 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 address number) Evergreen Gardnerville Health & Rehab Center		3e.If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Residential Care Facility	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 97		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS	
7d UNDER 1 DAY MIN		8 DATE OF BIRTH (Mo/Day/Yr) September 11, 1921		9a STATE OF BIRTH (if not US/CA name country) California	
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) Naomi BOYD		13 SOCIAL SECURITY NUMBER 7629		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer	
14b KIND OF BUSINESS OR INDUSTRY Government Contracts		15a. RESIDENCE - STATE Nevada		15b COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1909 Horsebrush Court		15e INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Martin OKEEFE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy PURVES		
18a INFORMANT - NAME (Type or Print) Naomi OKEEFE		18b MAILING ADDRESS (Street or R F D No, City or Town, State Zip) 1909 Horsebrush Court Gardnerville, Nevada 89410			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD854		20c NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) JOSE AGUIRRE 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 06, 2019		21c HOUR OF DEATH 17:45		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b LICENSE NUMBER 11479		24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 07, 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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (c) Acute Sinusitis DUE TO, OR AS A CONSEQUENCE OF (d)			
26 ALTOBY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Unknown Etiology	
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		28h 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.

DATE ISSUED: 5/10/2019

Jose Aguirre
Interim Administrator
STATE REGISTRAR

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

