DOUGLAS COUNTY, NV

2019-934504

Rec:\$35.00

\$35.00 Pas=2

08/30/2019 08:19 AM

WFG LENDER SERVICES-RESWARE KAREN ELLISON, RECORDER

APN #: 1220-15-210-074

RECORDING REQUESTED BY:
WFG Lender Services
5000 Legacy Drive, Ste. 190, Plano, TX
75024

AND WHEN RECORDED MAIL TO:
WFG Lender Services

5000 Legacy Drive, Ste. 190, Plano, TX

75024

Order No.: 1299573NV

APN: 1220-15-210-074

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)) SS.

COUNTY OF DOUGLAS)

HERBERT C. SIMONS of legal age, being first duly sworn, deposes and says:

Laura L. Simons is the decedent mentioned in the attached certified copies of Certificate of Death, and is the same party who are named as one of the parties in that certain deed dated April 14, 1998 from MICHAEL R. OLMSTED AND DONNA F. OLMSTED, HUSBAND AND WIFE AS JOINT TENANTS to HERBERT C. SIMONS AND LAURA L. SIMONS, HUSBAND AND WIFE AS JOINT TENANTS recorded MAY 29, 1998 among the land records of DOUGLAS COUNTY, NEVADA at INST 1998440849, describing the following real property:

LOT 48, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1965, IN BOOK 31, PAGE 686, AS DOCUMENT NO. 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 4, 1965, IN BOOK 31, PAGE 797, AS DOCUMENT NO. 28377.

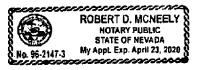
SITUAT	E IN THE COUNTY	Y OF DOUGLAS, STATE	E OF NEVADA //	
Dated:	8/14/19		Wifte Su	
/	/		HERBERT C. SIMONS	23007

Su	bscribed	and	sworn	to	(ог	affirmed)	Ď	efore	me	on	this	

14 day of AUGUST , 2019 , by HERBERT C. SIMONS

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Roberts 912 Clary



(This area for notary stamp)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

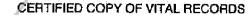
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2014017112

TYPE OR							STATE FA.				
PERMIT NA	16. DECEASED HAME (FIRST, I	2. DATE OF DEATH (Mo/Dey/Year) 3st, COUNTY OF DEATH									
PRINCIPAL PRINCI	Laura Lee SIMONS 20. CITY, TOWN, OR LOCATION OF DEATH ISA HOSPITAL OR OTHER INSTITUTION Harrole for laber, pr					October 15, 2014				Doughas	
	C	OF DEATH 34 HOSPIT and number			School Ja. # Hosp, or first, indicate DO Inpatient(Specify)				E)(Female		
DECEDENT	E. RACE White		Harmic Origin? Specify	Ta. AGE-Land	The UNiber	RIYEAREE		A DATE O			
	(Specify)		o - Non-Hispanic	birthday (Yours)	MOG	DAYS HOUF	IS MINS	L N			
	DEL STATE OF BURTH (If not U.S.	a los corpressors	ASSET CONSTRUCTOR SONO		_ ,		1		ember 16,		
	name country) California		CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, N United States 12 DRVORCED (See						rvivina sirbuse (il who, give name) Herbert SIMONS		
	13. SOCIAL SECURITY NUMBER		LIPATION (Give Kind of We		14h IGNO OF BUILDING SO OR MOUSTR			Ever in US	Armed		
REGARDING SOME LETTICAL OF	5103	of Working Life, E	Vorking Life, Even if Retired) Homernaker			Own	··· \	Forces? No			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 1	56. COUNTY	15c. CITY, TOWN OF	LOCATION 15	A STREET A	NO MUMBER			150. 846£X	ट्राप्	
1144	Neveda	Douglas	Gardne	erville 94	14 Dean D	K				Yas	
	III. FATHER/PARENT - NAME (I				PARENT -	NAME (First Mid	de Laci Suf	(Text)	-		
PARENTS	William DEMING Patricia SUERMANN										
	18a. INFORMANT- NAME (Type or Print) [18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)										
	Herbert	Herbert SIMONS 944 Dean Dr. Gardnerville, Nevada 89480									
	19 BURIAL, CREMATION, REM					16c.	LOCATION		79		
HSPOSITION	Crematk	5,000		zhenry's Cremato		\		City Ne	vada 8970	T	
\$	20 FUNERAL DIRECTOR - SKG					DORESS OF FACI				7	
		#HOLEHSKI	DIRECTOR	217		izi ienry's Car. 80 Highway 399					
Dane Pall	TRADE CALL - NAME AND ADDI	URS AUTHENTICATE			10	on unfruest sea	A CEUNE	INMS ITA	00710	·	
rain: Gall.	·	THE RESERVE THE PROPERTY OF THE PARTY OF THE	the time, date and place a		4:21:22	examination and/o	12			<u> </u>	
			i en cini, cen and place a MATURE AUTHENTIC			eliamination anaro				CONTROL AN	
		MOTHY HILLBR									
CERTIFIER	216. DATE BIGNED (more	ANN ELC'H	OUR OF DEATH 11:52	. Zan. W	NTE DIGNED	(Marbeyryr)	22c. F	HOUR OF D	EATH		
	250 NAME OF ATTENDE			3 8 22d Pi	RONOLINCE	DEAD (Ma/Dawn	m 22a F	RONOUN	CED DEAD AT	f (Hour)	
	(Type or Print)			₩8 📆							
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MICHICAL EXAMINER, OR CORCNER) (Type or Print) 23b. LICENSE MUNEER										
i. •	Timothy Hillbrick DO 1200 Mountain Street Cerson City, NV 89703 962 24a REGISTRAR (Bignetin) MICOLE BANGES 124b DATE RECEIVED BY REGISTRAR 124c DEATH DUE TO COMMUNICABLE DISEASE										
REGISTRAR	24a. REGISTRAR (Signature)	NICOLE			=	76.		_	_	DISEASE	
		SIGNATURE AUT			ctober 22	, 2014	YES		NO X		
CAUSE OF	25. IMMEDIATE CAUSE PART Metastatik	Carcinoma	LUSE PER LINE FOR (a), (b), AHD (c).)	186 N.		5	Militarian De	stwissen cusel (and death .	
DEATH		A CONSEQUENCE OF:	74.71	\ \\	<u> </u>			<u> </u>			
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COMMITTICAL IF	(b)	S A CONSEQUENCE OF					i				
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CAUME ->	(c)	A CONSEQUENCE OF					<u> </u>		alwaen anaet		
UNDERLYING CAUSE LAST		A COUNTRY OF .			1						
CAUSE DESI	(d) PART II OTHER BICHIFICANT	COURTIONS C		1							
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	ZIA. ACC., SUICIDE, HOM., UNDET.	Tab. Date of marry day	Dayryo Jana Hours OF	transfer to the second	or comment and	n occursión		No '	ar Noj	No	
/ /	OR PENDING INVEST, (Specify)	ERA UNIEUP HAUNT (MO	CHIPTO PER HOUSE CP	PART LEBERT							
/ /	25a. INJURY AT WORK (Specify	200 PLACE OF MUSICA	- Al larme, farm, street, facts	ny office (2fo LOCA)	CICIN 9	TREET OR R.F.D	No CET	Y OR TOW	u	STATE	
/ /	Yes or No)	building, etc. (Specify)	· - Secretarial security and second places.	البالث ورية		hart velide in about 1 and 195		1011		- (F7FB)	
37		<u> </u>									
97			STA	ITE REGISTRAR							

VRS-Rev-201205238



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:

10/22/2014

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

SIGNATURE AUTHENTICATED



