APN: 1220-21-710-160

After Recording Mail to:

Lyn Twitchell 1337 Leonard Rd. Gardnerville, NV 89460 DOUGLAS COUNTY, NV Rec:\$35.00

2019-935974

09/30/2019 03:14 PM

KAREN L WINTERS ESQ

Total:\$35.00

Pgs=3

0000022620100025074002020

KAREN ELLISON, RECORDER

The undersigned affirms that this document <u>does</u> contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

### AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA ) : ss. COUNTY OF DOUGLAS )

LYN TWITCHELL, being duly sworn, declares:

That ROBERT HOWARD GALBREATH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT GALBREATH, named as one of the parties in the Grant, Bargain and Sale Deed executed by Nat Franklin and Julie Franklin to Lyn Twitchell and Robert Galbreath, wife and husband as joint tenants with right of survivorship, and recorded as Instrument No. 0690364 on December 8, 2006, in Book 1206, Page 2968 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 451, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Per NRS 111.312, this legal description was previously recorded as Instrument No. 0690364 on December 8, 2006, in Book 1206, Page 2968.

Executed this 26<sup>th</sup> day of September, 2019.

) LYN TWITCHELL

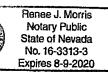
#### **ACKNOWLEDGMENT**

STATE OF NEVADA	)
	: SS
COUNTY OF DOUGLAS	)

On September 26 2019, before me, Renee J. Morris, Notary Public, personally appeared Lyn Twitchell, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Seal



NOTARY POBLIC

# STAVED BOALD BOLD

CERTIFICATION OF VITAL RECORD

# **COUNTY OF SACRAMENTO**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

3052018071123			CERTIFICATE OF DEATH STATE OF CALIFORNA USE BLACK HK ONLY IN EXPLISIONS OF ALTERATIONS VS-1 MARY 1906)						3201834003120			
STATE FILE NUMBER  1 NAME OF DECEDENT - FIRST (Gwan)			USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  VS. 114(REV 2/06)  2 MIDDLE  3. LAST (Family)				LOCAL RE	LOCAL REGISTRATION NUMBER				
F .	ROBERT	HOWARD	HOWARD GALBR			BRÉATH					_	
	AKA, ALSO KNOWN AS- Include full AK				08/03/1		61		Days Ho.		M M	
	9 BIRTH STATE/FOREIGN COUNTRY  CA	10 SOCIAL SECURITY NO -5009	YES		] nvk [1/	IARRIED		03/31/2	2018		HOUR (24 Hours) )137	
CEDENT	13 EDUCATION - Nightest Level/Degree 14/1 (see worksheet on back) GED	] YES			∑ w W	HITE _	CE - Up to 3 races y store, road constn			_\.	RS IN OCCUPATION	
ä	17 USUAL OCCUPATION - Type of work MANAGER			VAREHOL			y store, rosq constr	ocudif emblo Awa	iii agency, etc.)	1 1	15	_
USUAL	20 DECEDENT'S RESIDENCE (Street and 1337 LEONARD RD.					****		les area	EÆOREIGN CI			_
	21 CITY GARDNERVILLE 28. INFORMANT S NAME. RELATIONS:	DOL	JGLAS		23. ZIP CO 89460		24. YEARS IN COU	NV	The Real Property lies, the Persons Lies, the Pe	·		4
INFOR-	LYN TWITCHELL, W	IFE		13371	ÊÖÑĂ		SARDNER	VILLE, N	IV 8946	0		_
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRI LYN	DP'-FIRST	MARIE			TWITCH		<u>\</u>				١,
	31 NAME OF FATHER/PARENT-FIRST GEORGE		32 MIDDLE THOMAS			GALBRE	- 1			CA		_
	35 NAME OF MOTHER/PARENT-FIRST PATRICIA		CAROLYN		. [	JACKSC				C.A	BIRTH-STATE	
CTOR/ TRAR	39. QUSPOSITION DATE mm/dd/ccyy 04/03/2018	1337 LEONARD	RD., GARDÎ	NERVILLE	, NV 8							_
FUNERAL DIRECTOR/ LOCAL REGISTRAR	CR/TR/RES			42. SIGNATURE OF EMBALMER  NOT EMBALMED							SE NUMBER	
FUNER	44. NAME OF FUNERAL ESTABLISHME ALL FAITH CREMAT	ION	FD15	35 NUMBER 46	OLIVI	A KASIRY	/E, MD		<b>E 3</b>	04/03	mm/dd/ccyy 3/2018	_
ğΞ	101 PLACE OF DEATH UC DAVIS MEDICAL			Name of Street, or other Designation of the Street, or other Desig		1		HOSPICE	Nursing Home/LTC	PÉCIFY ONE Door Hon	ectent's 🗀 🚗	,
PLACE OF DEATH	SACRAMENTO 2315 STOCKTON BLVD.					SA	SACRAMENTO					
	107 CAUSE OF DEATH	Errier the chain of events in sail as cardiac arrest respiratory arr IBUTIVE AND HE	est, or ventroular for listion	without showing the	ewingy DO	DO NOT énler les NOT ABBREVIATE	minal evant stuch	Ons	ei and Death	YES	FORTED TO COPONER  X NO	- 1
	(Final disease or condition resulting in death).	ACOABDOMINAL	AORTIC AN	EURYSM			_/	HC Bn	DURS		PERFORMED?	4
ATH	Sequentially, list conditions, if any, leading to cause				<b>-</b>	<del>\</del>		DA (CT)		110 AUTOP	SY PERFORMED?	4
CAUSE OF DEATH	on Line A Enter UNDERLYING CAUSE (disease or injury that				\		. <u> </u>			YES	<u>. (45)</u>	1
	initiated the events (U) resulting in death) LAST	\						ρη	-	YES		- 1
	SHOCK LIVER ACUTE RENAL INJURY ACUTE SPONTANEOUS ISCHEMIC CEREBROVASCULAR ACCIDENT											
parameter of the same	03/29/2018-THORAC	The Thirty		1	EPAIR					YES _	NO UNK	- 1
PSICIAN'S TIFICATION	114, I CERTIFY THAT TO THE BEST OF MY KN AT THE HOUR, DATE, AND PLACE STATED FR Decedent Attended Since	OM THE CALSES STATED	BROOKS TH	OMAS KI	JHN M.	.D.		Δ1	16207	04/0	02/2018	
PHYSIC	03/29/2018 03/	31/2018 2	8 TYPE ATTENDING PH	ON BLVD	MAILING AD	RAMENT	O, CA 958	317				
	119 I CENTIFY THAT IN IMPOPMION DEATH MANNER OF DEATH NOTURAL	Accident Homodo	Same Par	ging []	Could not be determined	120 INJURE YES	D AT WORK?	UNK 121 IN	JURY DATE m	m/dd/ccyy 1	22 HOUR (24 Hour	rs)
NILY ONLY	123. PLACE OF INJURY (e.g. home.co	onstruction site wooded area, e	nc)	<u></u>		<del> </del>	· · · · ·					
S USE	124. DESCRIBE HOW INJURY OCCUR	IRED (Events which resulted in a	njury)				<del></del>		<del>,</del>		···	1
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and number, or location, and city, and tip)											
, o	126 SIGNATURE OF CORONER / DEP	UTÝ CORONEA		127, DATE mm	dd/ccyy	128, TYPE NAM	ME, TITLE OF CORO	DEPUTY	CORONER			1
	ATE A B	C D	E	I (CALI) III (CB) III (C		I Iereenskenii		FAX.A	AUTH.#		CENSUS TRAC	_ ;;
REGIS	TRAR				*01000	1003847704*						_

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED \_\_\_April 5, 2018

Olivie large MD

LOCAL REGISTRAN

