

A.P.N. 1419-12-610-017

R.P.T. \$0.00

**RECORDING REQUESTED BY:**

Diane F. Peart  
3540 Cherokee Drive  
Carson City, NV 89705



00100406201909369640040044

KAREN ELLISON, RECORDER

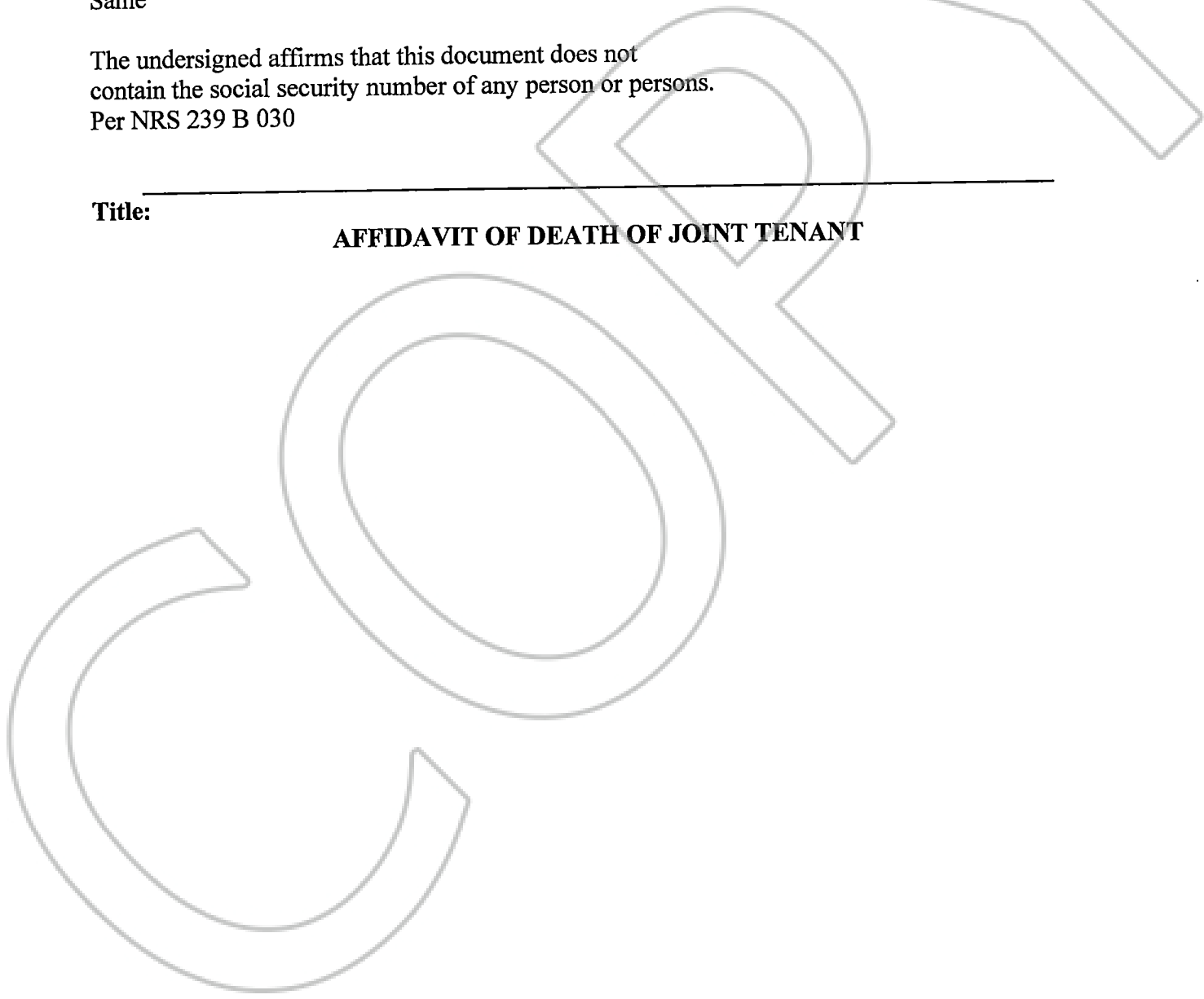
**MAIL TAX STATEMENTS AND WHEN  
RECORDED, MAIL TO:**

Same

The undersigned affirms that this document does not  
contain the social security number of any person or persons.  
Per NRS 239 B 030

Title:

**AFFIDAVIT OF DEATH OF JOINT TENANT**



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**AFFIDAVIT OF DEATH OF JOINT TENANT**

Diane F. Peart, of legal age, wife of decedent named below, first being duly sworn, deposes  
and says:

That WILLIAM MICHAEL PEART, the decedent mentioned in the attached certified copy  
of Certificate of Death, who died on December 21, 2017 at Carson City, Nevada, is the same  
person as WILLIAM MICHAEL PEART, named as one of the parties in that certain Grant Deed  
dated December 09, 2003, executed by WILLIAM MICHAEL PEART, to WILLIAM  
MICHAEL PEART and DIANE F. PEART, husband and wife, as joint tenants, recorded as  
Document # 0599938 of Official Records of Douglas County, Nevada, covering the following  
described property in the County of Douglas, State of Nevada:

**Lot 31, as shown on the Map of VALLEY VIEW SUBDIVISION, UNIT NO. 2, filed in the  
office of the County Recorder of Douglas County, Nevada, on April 6, 1964, Document No.  
24786**

TOGETHER WITH, all tenements, hereditaments, and appurtenances including  
easements and water rights, thereto belonging or appertaining, and any reversions, remainders,  
rents, issues or profits thereof.

Dated: Oct. 17, 2019

  
DIANE F. PEART

**ACKNOWLEDGMENT**

State of Nevada }  
County of Carson City } ss.

On this 17th day of October in the year 2019,

before me Heather Cooney, personally appeared DIANE F. PEART, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Heather Cooney  
(Signature of Notary Public)



SEAL



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3994593

**CERTIFICATE OF DEATH**

**2017024439**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Michael PEART</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 21, 2017</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an <b>3540 Cherokee Dr</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS DAYS		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) <b>July 02, 1947</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Diane MURRAY</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-7863</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Carpenter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3540 Cherokee Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Neil PEART</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen Geraldine KIRKLAND</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Diane PEART</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3540 Cherokee Dr Carson City, Nevada 89705</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICHARD T HEARN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD228</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 99706</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>NITA SCHWARTZ MD</b> 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) <b>December 27, 2017</b>		21c. HOUR OF DEATH <b>16:26</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 02, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I						
(a) <b>Pancreatic Cancer With Metastasis</b>						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) DUE TO, OR AS A CONSEQUENCE OF:						
(c) DUE TO, OR AS A CONSEQUENCE OF:						
(d) 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) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>						
28a. ACC. SUICIDE, HGM., 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



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:

**JAN 02 2018**

*[Signature]*  
STATE REGISTRAR

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

VRS-Rev-20120523a

