DOUGLAS COUNTY, NV Rec:\$35.00

2019-939880 12/19/2019 02:30 PM

Total:\$35.00 SULLIVANLAW

Pgs=2

RECORDED AT THE REQUEST OF: Sullivan Law 1625 State Route 88, Ste. 401 Minden, NV 89423

KAREN ELLISON, RECORDER

Mail Tax Bills To: 1454 Langley Drive Gardnerville, NV 89460

THIS DOCUMENT CONTAINS A SOCIAL SECURITY NUMBER AS PERMITTED BY NRS 440.380

AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1220-15-410-055

SANDRA TIMMERS, being first duly sworn, deposes and says:

- JOHN JOSEPH TIMMERS died on June 20, 2018, and a certified copy of his Death Certificate is attached hereto.
- 2. That at the date of death, the said JOHN JOSEPH TIMMERS was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as follows:

Lot 14. Block M, as said lot and block are shown on the Official Map of GARDNERVILLE RANCHOS, UNIT NO.4, flied in the Office of the County Recorder, Douglas County, State of Nevada, on April 10, 1967, in Map Book 1, Page 55, as Document No. 35914.

That said joint tenancy was created by a Deed dated April 28, 2016 recorded as document number 880021 in the Douglas County Recorder's Office.

That upon the death of JOHN JOSEPH TIMMERS, the Affiant became the sole owner of the above-described property as his sole and separate property.

SANDRA TIMMERS

STATE OF NEVADA

)ss.

COUNTY OF DOUGLAS

Subscribed and sworn to before me this  $19^{10}$  day of December, 2019

Notary Public

90000000000000000000000000000000000 **NOTARY PUBLIC** STATE OF NEVADA County of Douglas 2679-5 CARYN HALLER My Appointment Expires August 10, 2023 \$200000000000000000000000



WASHOE COUNTY HEALTH DISTRICT

CASE FILE NO. 4026202

2018012163 STATE FILE NUMBER

indicate DOA OP/Emer Rm

3a COUNTY OF DEATH

Washoe

4 SEX

Male

	- T/DE 00				
Ė	TYPE OR PRINT IN	18 DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)			DATE OF DEATH (Mo/Da
17.11	PERMANENT	John Jospeh	TIMMER	s <sub>!1</sub>	June 20, 2018
7	BLACK INK	36 CITY, TOWN, OR LOCATION OF DEATH 3C HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street at 3e. If Hosp or Inc.			
No.	DECEDENT	Reno Rosewood Rehabilitation Center		ation Center	Inpatient(Specify)
		5 RACE (Specify)	6 Hispanic Origin? Specify	7a AGE-Last birthday	76 UNDER 1 YEAR 7c UN

United States

DER 1 DAY | B DATE OF BIRTH (Mo/Day/Yr) MINS December 28, 1946 NG SPOUSE'S NAME (Last name prior to first marriage)
Sandra V VILLA 1 MARITAL STATUS Married

Inpatient

14b KIND OF BUSINESS OR INDUSTRY 13 SOCIAL SECURITY NUMBER 14a USUAL OCCUPATION (Give Kind of Work Done During Most of Ever in US Armed Forces? Yes 9013 Food Store Clerk 15e INSIDE CITY LIMITS (Specify Yes 15a RESIDENCE - STATE 15b COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Yes Gardnerville 1454 Langley Drive Douglas Nevada

12

17 MOTHER/PARENT - NAME (First Middle Last Suffix) 16 FATHER/PARENT - NAME (First Middle Last Suffix) Lola E PEART John TIMMERS

No - Non-Hispanic

95 CITIZEN OF WHAT COUNTRY 10 EDUCATION

18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 18a INFORMANT- NAME (Type or Pnnt) Sandra V TIMMERS 1454 Langley Drive Gardnerville, Nevada 89460

19a BURIAL CREMATION, REMOVAL, OTHER (Specify) 19b CEMETERY OR CREMATORY - NAME 19c LOCATION City or Town DISPOSITION Sierra Crematory Reno Nevada 89503 Cremation

20b FUNERAL DIRECTOF 20c NAME AND ADDRESS OF FACILITY 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LICENSE NUMBER **TAMAR R BEAULAC** Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502 SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS

TRADE CALL 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED

White

Ohio

9a STATE OF BIRTH (If not US/CA,

name country)

Completed by at the time, date and place and due to the cause(s) stated. (Signature & Title) **GRANT P ANDERSON MD** 21b. DATE SIGNED (Mo/Day/Yr) 21c HOUR OF DEATH 22b DATE SIGNED (Mo/Day/Yr) June 25, 2018 Be ( 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22e PRONOUNCED DEAD AT (Hour) 22d PRONOUNCED DEAD (Mo/Day/Yr) (Type or Print)

239 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Grant P Anderson MD 5345 Reno Corporate Dr Reno, NV 89511

23b LICENSE NUMBER 3156 24b DATE RECEIVED BY REGISTRAR 24c DEATH DUE TO COMMUNICABLE DISEASE

Yes or No)

YES [

22a. On the basis of examination and/or investigation, in my opinion, death occurred

24a REGISTRAR (Signature) VICTORIA STEBBINS REGISTRAR SIGNATURE AUTHENTICATED 25 IMMEDIATE CAUSE CAUSE OF

NO X June 25, 2018 (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) ) Interval between onset and death Progressive Supranuclear Opthalmoplegia DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death

Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death

(Mo/Day/Yr)

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 26 AUTOPSY (Special 27 WAS CASE REFERRED TO CORONER

28b DATE OF INJURY (Mo/Day/Yr) 28c HOUR OF INJURY 28d DESCRIBE HOW INJURY OCCURRED 28e INJURY AT WORK (Specify 28f PLACE OF INJURY- At home, farm, street, factory, office 28a LOCATION STREET OR R F D No CITY OR TOWN STATE

STATE REGISTRAR

000007903

DATE ISSUED:

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 1914 192048 and Vital Records

oulding, etc. (Specify)

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

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



IF DEATH
OCCURRED IN
ISTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

**PARENTS** 

CERTIFIER

DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE

CAUSE STATING THE