

A.P.N. 1420-08-214-017



00103796201909398930050050

KAREN ELLISON, RECORDER

**When Recorded Mail To:**

JENNIFER M. MAHE, ESQ.

Mahe Law, Ltd.

707 North Minnesota Street, Suite D

Carson City, NV 89703

**Mail Tax Statements To:**

Teresa P. Rankin

1012 Starshine Court

Carson City, NV 89705

**AFFIDAVIT OF DEATH OF JOINT TENANT**

- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons (NRS 239B.030).
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

MAHE LAW, LTD.

707 North Minnesota Street, Suite D

Carson City, NV 89703

By:

JENNIFER M. MAHE, ESQ.

Nevada State Bar No. 9620

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

TERESA P. RANKIN, the surviving joint tenant and the spouse of the deceased joint tenant, does hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declares the following:

1. ROBERT W. RANKIN died in Douglas County, Nevada, on September 29, 2016.

A certified copy of the Certificate of Death of ROBERT W. RANKIN is attached to this Affidavit as Exhibit "1" and incorporated herein by this reference.

2. ROBERT W. RANKIN and TERESA P. RANKIN acquired title to real property as joint tenants in that certain Grant, Bargain and Sale Deed dated April 12, 2012, recorded with the Douglas County Recorder's Office as Document No. 800735, on April 13, 2012. The legal description of the real property is as follows:

LOT 5, IN BLOCK L, AS SET FORTH ON THE FINAL MAP OF SUNRIDGE HEIGHTS, PHASES 4 & 5A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JULY 1, 1994 IN BOOK 794, PAGE 12, AS DOCUMENT NO. 340968.

3. At the time of death of ROBERT W. RANKIN, title to the real property described herein continued to be held by ROBERT W. RANKIN and TERESA P. RANKIN, husband and wife, as joint tenants. As a result of the death of ROBERT W. RANKIN and the joint tenancy form of title, the real property described herein is now owned by TERESA P. RANKIN, a single woman.


Dated this 21 day of October, 2019.

*Teresa P. Rankin*  
TERESA P. RANKIN

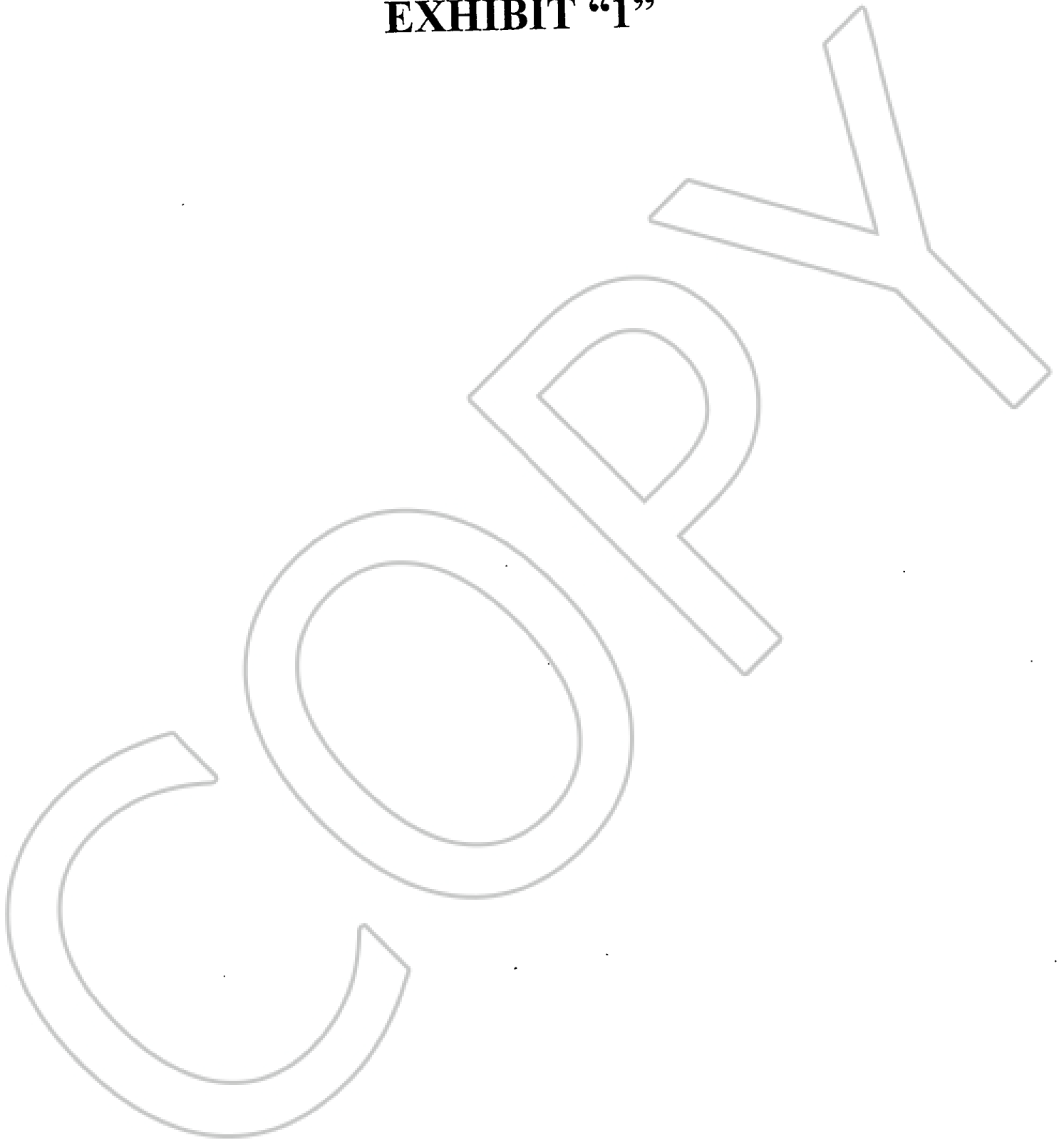
STATE OF NEVADA )  
  : ss.  
CARSON CITY )

On Oct. 21, 2019, personally appeared before me, a notary public, TERESA P. RANKIN, personally known (or proved) to me to be the persons whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing Affidavit of Death of Joint Tenant.

*Nichole E. Valdez*  
NOTARY PUBLIC

 NICHOLE E. VALDEZ  
Notary Public-State of Nevada  
APPT NO 16-1067-3  
My App. Expires January 10, 2020

**EXHIBIT "1"**



**EXHIBIT "1"**

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

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

CASE FILE NO. 3917588

**CERTIFICATE OF DEATH**

2016017807  
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) <b>Robert Wayne RANKIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 29, 2016</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify)) <b>Tahoe Pacific Hospital Meadows Inpatient</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>86</b>	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 17, 1930</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Teresa P FRONCEK</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-6625</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Lt. Colonel - Pilot</b>		<b>United States Air Force</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1012 Starshine Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harry RANKIN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Grace MILLER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Teresa P FRONCEK RANKIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1012 Starshine Court Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>KIMBERLY T COWEN M.D.</b>			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>October 03, 2016</b>		21c. HOUR OF DEATH <b>11:58</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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>Kimberly T Cowen M.D. 10101 Double R Blvd Reno, NV 89502</b>				23b. LICENSE NUMBER <b>11953</b>	
24a. REGISTRAR (Signature) <b>SANDI BRIDGES</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 03, 2016</b>		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				Interval between onset and death	
(a) <b>Cervical Ankylosing Fracture</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Ankylosing Spondylitis</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Parkinson's Disease</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28a. 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

VRS-Rev-20120523a

000645481



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.

10/3/2016

DATE ISSUED:

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

*Cody D. Bridges*  
**SIGNATURE AUTHENTICATED**  
STATE REGISTRAR

