

APN# 1420-08-214-015

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: DANA CHEAK

Address: 113 Cedar Crest Lane

City/State/Zip: Frankfort KY 40601

Affidavit- Terminating Joint Tenancy

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS
CERTIFICATION OF DEATH

STATE FILE NUMBER: 2019093031

DATE ISSUED: JANUARY 28, 2020

DECEDENT INFORMATION

DATE FILED: JUNE 12, 2019

NAME: LLOYD WAYNE KNOTTS

DATE OF DEATH: JUNE 6, 2019

SEX: MALE

SSN: [REDACTED]-5421

AGE: 074 YEARS

DATE OF BIRTH: JANUARY 21, 1945

BIRTHPLACE: BELPRE, OHIO, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: THE VILLAGES REGIONAL HOSPITAL

LOCATION OF DEATH: THE VILLAGES, SUMTER COUNTY, 32159

RESIDENCE: 1108 WEST BOONE COURT, LADY LAKE, FLORIDA 32159, UNITED STATES

COUNTY: LAKE

OCCUPATION, INDUSTRY: OWNER & OPERATOR, CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: JENNINGS BRYAN KNOTTS

MOTHER'S/PARENT'S NAME: ESSIE HUGHES

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: LLOYD B KNOTTS

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 8382 GRAND TREVU DRIVE, LOUISVILLE, KENTUCKY 40228, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MARK R TAYLOR, F043165

FUNERAL FACILITY: HARDEN-PAULI FUNERAL HOME INC F040478

1617 S BAY ST, EUSTIS, FLORIDA 32726

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: SIMPSONVILLE CEMETERY

SIMPSONVILLE, KENTUCKY

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 1321

CERTIFIER'S NAME: ONAMEYORE UTUAMA

CERTIFIER'S LICENSE NUMBER: ME126916

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: JUNE 11, 2019

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. FAILURE TO THRIVE DUE TO CANCER

b. CANCER OF THE BLADDER

c.

d.

2 YEARS

3 YEARS

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

HYPERGLYCEMIA

AUTOPSY PERFORMED? NO

DATE OF SURGERY:

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

[Signature]

STATE REGISTRAR

REQ: 2021253149

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
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WARNING:

