DOUGLAS COUNTY, NV

Rec:\$40.00

2020-944173

\$40.00 Pgs=3 03/31/2020 02:37 PM

ETRCO

KAREN ELLISON, RECORDER

| Recording Re<br>Western Title                     |   |
|---|---|
| When Record                                       |   |
| 31 Saddle Trail Dover, NH 038                     |   |
| Mail Tax Starsame as above                        | tements to: (deeds only)  |
|   | (space above for Recorder's use only)   |
| I the undersign<br>for recording do<br>Signature_ | ed hereby affirm that the attached document, including any exhibits, hereby submitted best contain the social security number of a person or persons. (Per NRS 440.380 (1)( & 40.525 (5)) |
|   | Wendy Dunbar Escrow Officer   |
| -   | Affidavit Death of Joint Tenant   |
| This r  | page added to provide additional information required by NRS 111.312  |
| , 1113 h  | C   |
|   | (additional recording fee applies)  |

APN#: 1220-24-501-016

## AFFIDAVIT - DEATH OF JOINT TENANT

Kim L. Landfather, of legal age, being first duly sworn, deposes and says:

That Gene Landfather, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as <a href="Ivan Gene Landfather">Ivan Gene Landfather</a>, Jr. named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/8/2004 executed by <a href="Ivan Gene Landfather">Ivan Gene Landfather</a>, Jr., a married man, who acquired title as Ivan Gene Landfather, Jr., a single man and Kim L. Landfather, a married woman, who acquired title as Kim L. Coonrad, an unmarried woman to <a href="Ivan Gene Landfather">Ivan Gene Landfather</a>, Jr. and Kim L. Landfather, husband and wife as joint tenants, recorded as instrument No. <a href="O615976">O615976</a>, on <a href="O/14/2004">O/14/2004</a>, in Book</a> Book</a> described property situated in the County of <a href="Douglas">Douglas</a>, State of Nevada:

All that certain real property situate in the County of Douglas. State of Nevada, described as follows:

A portion of the Northeast 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., Douglas County, State of Nevada, more particularly described as follows:

Parcel D-3 as set forth on that Parcel Map for GARRY DEN HEYER AND CAROL JUNE DEN HEYER, recorded March 11, 1989, in Book 389, Page 1681, as Document No.198078 of Official Records Douglas County, Nevada.

Landfather - Surviving Joint Tenant

Dated 3.23 25

STATE OF New Hampshire

}SS

COUNTY OF

100

This instrument was acknowledged before me on March 23°, 2020, by Kim L. Landfather.

Notary Public

ANTHONY M. CONCHIGLIA NOTARY PUBLIC State of New Hampshire My Commission Expires April 17, 2024



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

| ILE NO. 3982256  |  | - 44 H (44)  | 1 19 67 F   |   | 87 1 77  | TER E LUILABED   |
|--|--|--|---|---|--|--|
| 18. DECEASED-NAME (FIRST,MI  | DDLE,LAST,SUFF(X)  | 7.02   | 12  | DATE OF DEATH   |  | FILE NUMBER  3a. COUNTY OF DE  |
| Gene   |  | LANDFATHE  |   | October 10  |  | Dougl  |
| 3b. CITY, TOWN, OR LOCATION (  | OF DEATH 3c. HOSPITAL  | OR OTHER INSTITUTION -No   | me(if not either, give s  | treet ar 3e.if Hosp. d  | r Inst. indicate DO  | A,OP/Emer. Rm.   |
| Gardnerville   | and the same   | 778 Mustang L  | ALC: THE STATE OF THE   | Inpatient(Sp  |  | \ \  |
| 5. RACE (Specify)  | 8. His   | spanic Origin? Specify 7   | AGE-Last birthday 7   | DUNDER 1 YEAR   | C. UNDER 1 DAY   | IS DATE OF BIRTH   |
| Whit   | te   | No - Non-Hispanic (Y   | eers) 69  | MOS DAYS  | HOURS MINS   | November 1   |
| 9a. STATE OF BIRTH (If not US/C)   | 96. CITIZEN OF WH  | AT COUNTRY 10 EDUCATION  | 11. MARITAL STATUS  | Specify) 12. SURV   | VING SPOUSE'S NA   | IE (Last name prior to fire  |
| name country) Texas  | United St  | ates 12  | 1   |   | TERRORE  | COONROD  |
| 13. SOCIAL SECURITY NUMBER   | 14a. USUAL OCCUP   | ATION (Give Kind of Work Dor   |   | 14b. KIND OF BUS  |  | 100 100 11   |
|  | b. COUNTY  | Car Salesn   | 1   | ET AND NUMBER   | Sales  | Forces   |
|  |  | [1000] A. 15.376   | 2.0   | 7 No.   |  | 15e. (N:<br>LIMITS<br>or No)   |
| Nevada<br>18. FATHER/PARENT - NAME (FI   | Douglas  | I Gardnerville   |   | ustang Lane   |  | 3  |
| 1 NA 1   | LANDFATHER S   | SR   | III. MOTHEROPAL   | RENT-NAME (First  | i Middle Lest Su<br>B HENGELE  |  |
| 18a. INFORMANT- NAME (Type or  |  | 186: MAILING ADDRE   | SS (Street or R F I   | D. No, City or Town,  |  | .17  |
| Kim LANE   |  |  | 778 Mustano   | Lane Gardner  |  | 19410  |
| 19a. BURIAL, CREMATION, REMO   |  |  | TY - NAME   |   | 19c. LOCATION  |  |
| Cremation  |  |  | ry's Crematory  |   | Carsor   | City Nevada 89   |
| 20s. FUNERAL DIRECTOR - SIGN   | ATURE (Or Person Acting a  | is Such) 20b. FUNERAL DI   | RECTOF 20c. NAME  | AND ADDRESS OF  | FACILITY   |  |
| CHRISTI  | E D WILDE  | LICENSE NUMBE  | R   | FitzHenry's   | Carson Valley  | Funeral Home   |
| SIGNATU  |  | FD917  |   |   |  |  |
|  | RE AUTHENTICATED   | Positi   | A time  | 1380 Highway  | y 395 N. Gardne  | rville NV 89410  |
| TRADE CALL - NAME AND ADDRE  | ESS<br>ledge, death occurred at the<br>sture & Tide) SIGNU<br>ENVER J MILLER   | time, date and place and due   |   |   | or investigation, in o   | erville NV 89410   |
| TRADE CALL - NAME AND ADDRESS 21s. To the best of my know to the cause(s) stated (Signs D) 21s. 21s. DATE SIGNED (MC/D) 0 5 October 16, 2017. 21d. NAME OF ATTENDING   | ledge, death occurred et the<br>store & Tide) SIGNA<br>ENVER J MILLER<br>1977) 21c. 140U   | time, date and place and due<br>NTURE AUTHENTY CATED<br>MD<br>R OF DEATH<br>16:35  | 22d PRONC   | sis of exemination and  | tor investigation, in n<br>the cause(s) stated<br>- 22c. h   | erville NV 89410   |
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| TRADE CALL - NAME AND ADDRE  21a. To the best of my know to the cause(s) stated (Signa 21b. DATE SIGNED (Mc/2s October 16, 2017 21d. NAME OF ATTENDING C. W. (Type or Print)  23a. NAME AND ADDRESS OF CE  24e. REGISTRAR (Signature)  25. IMMEDIATE CAUSE (b) Hypoxia Due To, Orass (c) Due To, Orass (d)  PART II OTHER SIGNIFICANT CO   | ESS  ledge, death occurred at the later & Tide)  ENVER J MILLER  LYAT)   21c, 1470U  B PHYSICIAN IF OTHER THE A CONSEQUENCE OF:  A CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:   | time, date and place and due ITURE AUTHENTICATED MD R OF DEATH 16:35 IAN CERTIFIER ENDING PHYSICIAN, MEDICA 55:38 Longley Lane R ONNELL IM PER LINE FOR (a), (b), AND BST              | 20. at the time, date in the second of the s  | is of elemination and part place and clue to iGNED (Microavyr).  NUNCED DEAD (Microavyr).  PRONER) (Type or Fay REGISTRAR per 16, 2017. | tor investigation, in m the cause(s) stated  22c. F  Day/Yr) 22e. F  Print) 23  24c. DEATH DU  YES                           | Provide NV 89410 Proprior death occur (Signature & Title) HCUR OF DEATH PRONOUNCED DEATH PR |
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| TRADE CALL - NAME AND ADDRE  21a. To the best of my know to the cause(s) stated (Signature)  21b. DATE SIGNED (MCZ)  21c. DATE SIGNED (MCZ)  21c. DATE SIGNED (MCZ)  21d. NAME OF ATTENDING  23a. NAME AND ADDRESS OF CE  24a. REGISTRAR (Signature)  25c. IMMEDIATE CAUSE  (b) DUE TO, OR AS A  (c) LIVER Failure  DUE TO, OR AS A  (d)  PART II OTHER SIGNIFICANT CO  26a. ACC. SUICIDE HOM, UNDET. B  OR PENDING INVEST. (Specify)  28a. INJURY AT WORK (Specify)  28a. INJURY AT WORK (Specify)  | ESS  ledge, death occurred at the later & Tide)  ENVER J MILLER  21c. 140U  B PHYSICIAN IF OTHER THE RITIFIER (PHYSICIAN, ATT DETWER J MILLER MD  SHERRIE A C  SHERRIE A C  SHOMATURE AUTHER  ENTER ONLY ONE CAUSE  LIOPUIMONIARY AFRE  A CONSEQUENCE OF:  A CONSEQUENCE OF:   | time, date and place and due ITURE AUTHENTICATED MD R OF DEATH 16:35 IAN CERTIFIER ENDING PHYSICIAN, MEDICA 55:38 Longley Lane R ONNELL IM PER LINE FOR (a), (b), AND BST              | 22. at the time, details a second of the condition of the  | is of elemination and part place and clue to iGNED (Microavyr).  NUNCED DEAD (Microavyr).  PRONER) (Type or Fay REGISTRAR per 16, 2017. | tor investigation, in in the cause(s) stated  22c. F  Day/Yr)  22e. F  Print)  23  24c. DEATH DU  YES  28. AUTOP! Yes or No) | Provide NV 89410 Proprior death occur (Signature & Title) HCUR OF DEATH PRONOUNCED DEAF TO COMMUNICAE NO X Interval between one Minutes Interval between one Months Interval between one Months Interval between one   |

AKA: Ivan Gene LANDFATHER



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:

10/23/2017



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