

APN# : 1220-24-501-016

DOUGLAS COUNTY, NV

2020-944173

Rec:\$40.00

\$40.00

Pgs=3

03/31/2020 02:37 PM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Kim Landfather

31 Saddle Trail Drive

Dover, NH 03820

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Wendy Dunbar

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

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

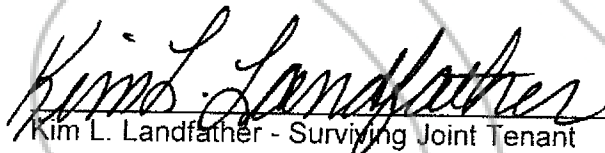
That Gene Landfather, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ivan Gene Landfather, Jr. named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/8/2004 executed by Ivan Gene Landfather, Jr., a married man, who acquired 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 Ivan Gene Landfather, Jr. and Kim L. Landfather, husband and wife as joint tenants, recorded as instrument No. 0615976, on 6/14/2004, in Book 0604, Page 06499, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, 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:

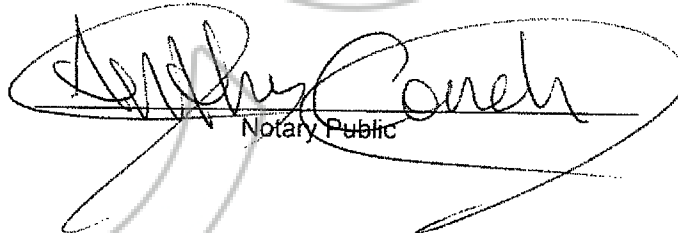
Parcel D-3 as set forth on that Parcel Map for GARRY DEN HEYER AND CAROL JUNE DEN HEYER, recorded March 11, 1989, in Book 389, Page 1681, as Document No. 198078 of Official Records Douglas County, Nevada.

Dated 3.23.20


Kim L. Landfather - Surviving Joint Tenant

STATE OF New Hampshire)
COUNTY OF Strafford)

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


Notary Public

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

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3982256

CERTIFICATE OF DEATH

2017019119

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) Gene LANDFATHER		2. DATE OF DEATH (Mo/Day/Year) October 10, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 778 Mustang Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last bIRTHday (Years) 69		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 14, 1947		9a. STATE OF BIRTH (If not USACA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kim COONROD	
13. SOCIAL SECURITY NUMBER 0948		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Car Salesman		14b. KIND OF BUSINESS OR INDUSTRY Sales	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION: Gardnerville	
15d. STREET AND NUMBER 778 Mustang Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ivan LANDFATHER SR.			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irma HENGELER		
18a. INFORMANT- NAME (Type or Print) Kim LANDFATHER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 778 Mustang Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) Signature AUTHENTICATED DENVER J MILLER MD			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) October 16, 2017		21c. HOUR OF DEATH 16:35		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Denver J Miller MD 5538 Longley Lane Reno, NV 89511			
23b. LICENSE NUMBER 7330		24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 16, 2017		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:					
(a) Acute Cardiopulmonary Arrest				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF: Hypoxia				Interval between onset and death Days	
(b) Liver Failure				Interval between onset and death Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
(d)					
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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					
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

AKA: Ivan Gene LANDFATHER
AKA:

000693045



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

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

