

DOUGLAS COUNTY, NV

2020-944312

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\$40.00

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04/03/2020 02:32 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Belinda B. Moran

~~1518 Mill Creek Way~~ 1741 DRAKE LN

Gardnerville, NV 89410

BBM

MAIL TAX STATEMENTS TO:

Belinda B. Moran

~~1518 Mill Creek Way~~ 1741 DRAKE LN.

Gardnerville, NV 89410

BBM

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2001246-RLT

APN No : 1320-32-712-012

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA  
COUNTY OF DOUGLAS

} ss:

Belinda B. Moran, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Arthur Henry Moran the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Arthur H. Moran named as one of the Grantees in that certain Deed from H & S Construction, Inc. to Arthur H. Moran and Belinda B. Moran, Husband and Wife as Joint Tenants with Right of Survivorship recorded in Book 1293 as Instrument No. 324771, on December 10, 1993 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF



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

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

CASE FILE NO. 3969506

**CERTIFICATE OF DEATH**

2017014636

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Arthur Henry MORAN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>July 25, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and apt. no.) <b>1741 Drake Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>		4. SEX <b>Male</b>
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>64</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>March 14, 1953</b>	
	9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>14</b>	11. MARITAL STATUS (Specify) <b>Married</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Belinda BATTEN</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████-0475</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		15. 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>Gardnerville</b>	15d. STREET AND NUMBER <b>1741 Drake Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry Arthur MORAN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy LUDLOW</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Belinda MORAN</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1741 Drake Lane Gardnerville, Nevada 89410</b>			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>	20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	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>DAVID M BAKER MD</b> SIGNATURE AUTHENTICATED			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>August 04, 2017</b>		21c. HOUR OF DEATH <b>08:45</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	To Be Completed by CERTIFYING PHYSICIAN						
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>David M Baker MD 1470 Medical Pkwy Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>11681</b>	
	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 07, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
	PART I					Acute	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Myocardial infarction</b>					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:					Chronic	
	(b) <b>Dyslipidemia</b>					Interval between onset and death:	
	DUE TO, OR AS A CONSEQUENCE OF:					Chronic	
(c) <b>Hypertension</b>					Interval between onset and death:		
DUE TO, OR AS A CONSEQUENCE OF:					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>No</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			
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



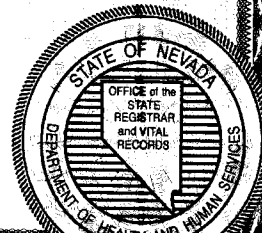
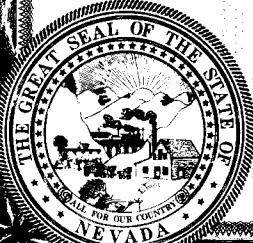
CERTIFIED COPY OF VITAL RECORDS

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: 9/22/2017

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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



Escrow No.02001246 RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

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

Lot 12, as set forth on the Final Map of MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337, as Document No. 252075.

APN: 1320-32-712-012

