



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1220-24-201-015

Recording Requested by:

**Nancy Rey Jackson Ltd.**  
**1591 Mono Avenue**  
**Minden, NV 89423**

Grantee's name and address are &  
Mail Tax Statements to:

**Freda J. Garrett**  
**1830 Colt Lane**  
**Gardnerville, NV 89410**

*UJ* I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

\_\_\_\_\_ I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):  
**NRS 440.090 Requisites of certificates.**  
**NRS 440.380(1)(a) Medical certificate of death: Signature; contents**  
**NRS 40.525(5) Death certificate attached to affidavit**

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
  )  
COUNTY OF DOUGLAS    )

Freda J. Garrett, of legal age, being duly sworn, deposes and says:

1. That Harvey E. Garrett, the decedent mentioned in the attached certified copy of Certificate of Death, was, until his death, and is the same person as Harvey E. Garrett, named as one of the parties in that certain deed by and between Harvey E. Garrett and Freda J. Garrett husband and wife as community property with rights of survivorship, and recorded on March 23, 2016, Document number 2016-878502 of Official Records of Douglas County, State of Nevada, being Assessor's Parcel Number 1220-24-201-015, concerning the real property located at 1830 Colt Lane, Gardnerville, Nevada, and specifically described as follows:

All that portion of the Southwest quarter of the Northwest quarter of Section

24, Township 12 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Commencing at the Southeast corner of Parcel 4 as shown on the HILLTOP PARCEL MAP, lot 30, RUHENSTROTH RANCHOS, Document No.13397, a point on the Northerly right-of-way of Colt Lane, also the point of beginning; thence North 145.32 feet; thence South 79° 06'59" East 165.99; thence East 147.00 feet; thence South 133.97; thence West 272.58 feet along the Northerly right-of-way of Colt Lane; thence along the arc of a curve to the left having a radius of 45.00 feet, delta of 56° 15'04", and an arc length of 44.18 feet to the point of beginning.

Per NRS 111.312, this legal description was previously recorded as Document No. 0433911, Book 0398, Page 0424, on March 3, 1998.

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said Harvey E. Garrett in and to the real property described herein.

Dated this 30<sup>th</sup> day of April, 2020.

*Freda J. Garrett*  
\_\_\_\_\_  
FREDA J. GARRETT

STATE OF NEVADA     )  
                                  )  
COUNTY OF DOUGLAS    )

On this 30<sup>th</sup> day of April, 2020, personally appeared before me, a Notary Public, Freda J. Garrett, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

*Nancy Rey Jackson*  
\_\_\_\_\_  
NOTARY PUBLIC



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

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

CASE FILE NO. 4078374

**CERTIFICATE OF DEATH**

2019008106  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST SUFFIX) Harvey Ellis GARRETT JR		2 DATE OF DEATH (Mo/Day/Year) April 20, 2019		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name,(if not either, give street address and number) 1830 Colt Lane		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home Male	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 87	
	7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) September 28, 1931	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA name country) Oklahoma		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
	11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Freda Jean GIBSON			
PARENTS	13 SOCIAL SECURITY NUMBER [REDACTED]-5869		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Heating Ventilation and Air Conditioning)		14b KIND OF BUSINESS OR INDUSTRY Heating and Air Conditioning Contractor	
	15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d STREET AND NUMBER 1830 Colt Lane		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Harvey Ellis GARRETT SR	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) Lorlene MC CALISTER		18a INFORMANT - NAME (Type or Print) Angela MC ELROY			
TRADE CALL	18b MAILING ADDRESS (Street or R.F.D No City or Town, State Zip) 938 Elk Hill Galt, California 95632				19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
	19b CEMETERY OR CREMATORY - NAME Green Hill Funeral Home & Cemetery		19c LOCAT.ON City or Town State Sapulpa Oklahoma 74066			
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD854		20c NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	TRADE CALL - NAME AND ADDRESS Green Hill Funeral Home & Cemetery 400 E Teel Road Sapulpa OK 74066					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) NITA SCHWARTZ MD 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) April 24, 2019		21c HOUR OF DEATH 09:08		22b DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b LICENSE NUMBER 9114		24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2019	
	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))			
STATING THE UNDERLYING CAUSE LAST	PART I (a) Intracerebral Hemorrhage		Interval between onset and death			
	(b) Cerebral Atherosclerosis		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.	(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
	(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
26 AUTOPSY (Specify Yes or No) No	27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a ACC., SUICIDE, HOMICIDE, UNDETERMINED 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		



**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: 4/26/2019

*Janey Shughart*  
Interim Administrator  
STATE REGISTRAR

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

