

APN: 1420-26-401-007

RECORDING REQUESTED BY:

Name: FOR THE PEOPLE
Address: 1092 B South Virginia
City/State/Zip: Reno, NV 89502



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Name: DAWN HENRY
Address: 2821 E. Valley Road
City/State/Zip: Minden, NV 89423

MAIL TAX STATEMENT TO:

Name: DAWN HENRY
Address: 2821 E. Valley Road
City/State/Zip: Minden, NV 89423

AFFIDAVIT - DEATH OF SPOUSE

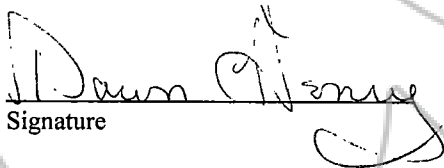
Please complete Affirmation Statement below:

 I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

-OR-

 X I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

NRS 440.380(1)(A) AND 40.525(5)
(State specific law)


Signature

DAWN HENRY
Print Name

SURVIVING SPOUSE
Title

AFFIDAVIT - DEATH OF SPOUSE

STATE OF NEVADA)
) SS.
COUNTY OF WASHOE)

DAWN HENRY, of legal age, being first duly sworn, deposes and says:

That ARTHUR ROSS HENRY III, the decedent mentioned in the attached copy of Certificate of Death died on the 17th day of February, 2020, in Douglas County, Nevada.

That ARTHUR ROSS HENRY III, the decedent mentioned in the attached copy of Certificate of Death, is the same person as one of the parties in that certain deed dated July 18, 2017, and recorded July 28, 2017, executed by KAREN DIANA PESTANA, TRUSTEE OF THE PESTANA FAMILY TRUST DATED JANUARY 13, 2006 to ARTHUR ROSS HENRY, III AND DAWN HENRY, TRUSTEES OF THE HENRY LIVING TRUST, DATED DECEMBER 6, 2016, recorded as Instrument No. 2017-901994 on July 28, 2017, recorded in Douglas County, Nevada.

A Portion of Section 26, Township 14 North, Range 20 East, M.D.B. & M., more particularly described as follows, to wit:

Parcel 4B, as shown on Parcel Map No. 3 for Raymond M. Smith and Cole S.M. Smith, which recorded December 7, 1990, in Book 1290, of Official Records at Page 918, as Document No. 240591.

I am the spouse of the decedent and the remaining trustee.

Commonly known as: 2821 E. Valley Road, Minden, NV 89423

TOGETHER with all appurtenances, subject to covenants, easements and restrictions of record.

DATE: May 12 2020

Dawn Henry
DAWN HENRY

State of Nevada)
County of Washoe)

Signed and sworn to (or affirmed) before me on the 12 day of May 2020, by DAWN HENRY.



R. FRITZ
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 07-2165-2 - Expires March 15, 2023

R. Fritz
Signature of Notarial Officer

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4130214

CERTIFICATE OF DEATH

2020003278
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) Arthur Ross HENRY III		2. DATE OF DEATH (Mo/Day/Year) February 17, 2020		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) 2821 East Valley Road		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) 78		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8 DATE OF BIRTH (Mo/Day/Yr) December 10, 1941		9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dawn Marie MARTELL	
13 SOCIAL SECURITY NUMBER ██████-4192		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) ELECTRICIAN		14b KIND OF BUSINESS OR INDUSTRY ELECTRIC COMPANY	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 2821 East Valley Road		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Arthur R HENRY JR	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Leona E TYRELL		18a INFORMANT- NAME (Type or Print) Dawn HENRY		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 2821 East Valley Road Minden, Nevada 89423	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c LOCATION City or Town State Sparks Nevada 89431	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD943		20c NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) ATI HAKIMI 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) February 19, 2020		21c HOUR OF DEATH 09:15		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) Ati Hakimi MD 7842 W Sahara Ave Las Vegas, NV 89117			
23b LICENSE NUMBER 12559		24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 19, 2020	
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) Mantle Cell Lymphoma, Lymph Nodes Of Multiple Sites, Unknown Metastasis, Unknown Cell Type DUE TO, OR AS A CONSEQUENCE OF (b) No Known Etiology DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I			
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	



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: 2/25/2020

Blaise Satariano
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE