

APN# : 1420-18-211-002

Recording Requested By:

Western Title Company

When Recorded Mail To:

Adel Lansing

821 Plymouth Drive

Carson City NV 89705

Mail Tax Statements to: (deeds only)

(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

Kayla Jacobsen
Kayla Jacobsen

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

Adel Lansing, of legal age, being first duly sworn, deposes and says:

That Toby J. Lansing, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Toby J. Lansing named as one of the parties in that certain Corporation Grant, Bargain and Sale Deed dated 6/22/1999 executed by Syncon Homes, a Nevada Corporation to Toby J. Lansing and Adel Lansing, husband and wife as joint tenants as joint tenants, recorded as instrument No. 0471204, on 6/28/1999, in Book 0699, Page 5643, 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:

Lot 11 in Block D, as shown n the Final Map #1011-2A of VALLEY VISTA ESTATES 2, PHASE 2A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1995, in Book 1295, Page 786, as Document No. 376388, Official Records.

Dated 6-11-20

Adel Lansing
Adel Lansing, Surviving Joint Tenant

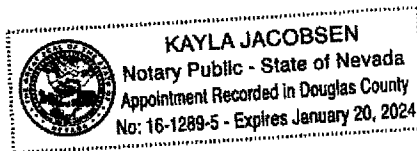
STATE OF NEVADA }SS

COUNTY OF Carson City

This instrument was acknowledged before me on 6/11/2020

by Adel Lansing.

Kayla Jacobsen
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. 4112099 **CERTIFICATE OF DEATH** 2019022116
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) Toby J LANSING		2. DATE OF DEATH (Mo/Day/Year) November 05, 2019		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street number) Carson Tahoe Regional Medical Center		3e. if Hosp. or Inst. indicate DOA,OP/Emer. Rm (Inpatient)(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White (Specify)		5. Hispanic Origin? Specify No - Non-Hispanic	
6. AGE-Last birthday (Years) 62		7a. UNDER 1 YEAR (MOS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) May 30, 1957		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) Adel MARTINI	
13. SOCIAL SECURITY NUMBER 5089		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Revenue Officer		14b. KIND OF BUSINESS OR INDUSTRY of Nevada Department of Motor Veh	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 821 Plymouth Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. PARENT - NAME (First Middle Last Suffix) Eugene LANSING	
17. PARENT - NAME (First Middle Last Suffix) Wilma WILLS		18a. INFORMANT- NAME (Type or Print) Adel LANSING		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 821 Plymouth Dr Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N-Roop Carson City NV, 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TIMOTHY G GENTNER MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 12, 2019		21c. HOUR OF DEATH 02:11		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) Timothy G Gentner MD 1200 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 7494		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 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).) PART I (a) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown 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 1. None				25. AUTOPSY (Specify Yes or No) No	
26. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		27. ACC. SUICIDE, HOMICIDE, UNDET OR PENDING INVEST (Specify)			
28a. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28b. 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	

000794200



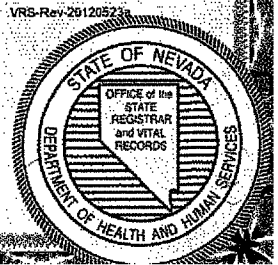
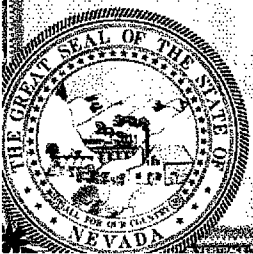
CERTIFIED COPY OF VITAL RECORDS

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: **NOV 15 2019**

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

11/15/2019



VRS-Rev-20120523