

APN# 1320-32-802-001



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: THERESA HICKEY

Address: 1472 US HWY 395 No.

City/State/Zip: GARDNERVILLE, NV 89410

Mail Tax Statements to:

Name: SAME

Address: _____

City/State/Zip: _____

AFFIDAVIT OF DEATH

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Theresa Hickey
Signature

THERESA HICKEY
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Theresa Hickey, residing at 1472 US Highway 395 North, Gardnerville, NV 89410, being of legal age dispose that:

That Thomas Hickey, 1472 US Highway 395 North, Gardnerville, NV 89410, died on April 03, 2019, as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein; *SEE EXHIBIT A*

That I am the successor to the estate of the decedent and to the decedent's interest in the described property and no other person has a superior right to the interest of the decedent in the described property; *SEE EXHIBIT A*

That no proceeding is being or has been conducted in Nevada for administration of decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath of Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and the statements are true and correct.

Theresa Hickey

Theresa Hickey

6/23/2020 Date

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This affidavit was acknowledged before me on this 23 day of June, 2020 by Theresa Hickey, who being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Jodi O. Stovall

Notary Public

Notary Public

Title (and Rank)

My commission expires 8-5-2020

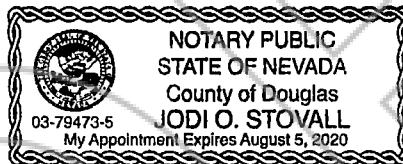


EXHIBIT "A"

PARCEL 1

COMMENCING at a point on the South side of Main Street (U.S. 395), being the Northwest corner of the parcel owned by Myron P. Dressler, said point also described as lying Northerly 75 feet from the Northwest corner of Main and Jackson Streets;

Thence in a Southerly direction along the West boundary of said Dressler parcel, a distance of

150 feet;

Thence at right angles Westerly, a distance of 75 feet to a point on the East boundary of Parcel

C of the Parcel Map for S.O.K.W.S., a General Partnership, filed as Document No. 84119;

Thence Northerly along said Easterly boundary, a distance of 150 feet to the South line of Main

Street;

Thence Easterly along said South line, a distance of 75 feet to the POINT OF BEGINNING.

PARCEL 2

COMMENCING at a point on the South side of Main Street (U.S. 395), being the Northwest corner of the parcel of land owned by Myron P. Dressler, said point also described as lying Northerly 75 feet from the Northwest corner of Main and Jackson Streets;

Thence in a Southerly direction along the West boundary of said Dressler parcel a distance of

150 feet to the TRUE POINT OF BEGINNING;

Thence in a Westerly direction along the Southerly boundary of Parcel 1 hereinabove, a distance of 76 feet, more or less, to the East boundary of Parcel C of the Parcel map for S.O.K.W.S., a General Partnership, filed as Document No. 84119;

Thence Southerly along said Easterly boundary, a distance of 50 feet to the Southeast corner of

said Parcel C;

Thence Easterly at right angles, a distance of 76 feet, more or less, to the Southwest corner of

the Myron P. Dressler parcel;

Thence Northerly along said West Dressler boundary, a distance of 50 feet to the POINT OF BEGINNING.

Per NRS 111.312, this legal description was previously recorded on June 7, 1985, in Book 685, at Page 446, as Document No. 118311, of Official Records.

APN: 1320-32-802-001



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4075579

CERTIFICATE OF DEATH

2019006855
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) Thomas Brent HICKEY		2. DATE OF DEATH (Mo/Day/Year) April 03, 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 number) 1472 US Hwy 395N		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) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 27, 1945		9a. STATE OF BIRTH (if not US/CA, name country) Nevada		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) Theresa MANNING	
13. SOCIAL SECURITY NUMBER 2969		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1472 US Hwy 395N		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Kenneth HICKEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Grace Margaret OXOBY		
18a. INFORMANT- NAME (Type or Print) Theresa HICKEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1472 US Hwy 395N Gardnerville, Nevada 89410			
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 Walton's Funerals and Cremations 1521 Church Street 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) RALPH D HERBIG DO 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 08, 2019		21c. HOUR OF DEATH 10:22		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Ralph D Herbig DO 897 Ironwood Dr Minden, NV 89423				23b. LICENSE NUMBER DO984	
24a. REGISTRAR (Signature) CATHERINE E SIMPSON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 09, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Hepatic Encephalopathy DUE TO, OR AS A CONSEQUENCE OF: (c) Cryptogenic Cirrhosis DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death Minutes Interval between onset and death Weeks Interval between onset and death 2 Years 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 Type 2 Diabetes Mellitus Renal Failure Waldenström Macroglobulinemia				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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: **4/10/2019**

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

Jan Singh
Interim Administrator
STATE REGISTRAR

