

Assessor's Parcel Number: **1320-32-114-001**

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Documents and Tax Statements to:
Sharon L. Jarrett
1616 County Road
Minden, NV 89423

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. (Per NRS 239B.030(4))(State specific law):
NRS 440.380(1)(a) Medical certificate of death: Signature; contents
NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTOR

SHARON L. JARRETT, of legal age, being first duly sworn, deposes and says:

1. Earl L. Jarrett, the decedent mentioned in the attached Certificate of Death, is the same person as Earl L. Jarrett, Co-Trustee of the Earl L. Jarrett and Sharon L. Jarrett Family Trust dated February 1, 1996.

2. The decedent passed away on May 17, 2020. I am the surviving spouse of the decedent and now sole Trustee of the Earl L. Jarrett and Sharon L. Jarrett Family Trust dated February 1, 1996.

3. At the time of the decedent's death, decedent was a record owner, as Co-Trustee, by way of that certain Trust Transfer Grant Deed, recorded on March 1, 1996, as Document Number 382442, in Book 0396 P60110, Official Records of Douglas County Nevada, concerning the real property commonly known as 1616 County Road, Minden, NV and more particularly described as:

Lot 1, Block A of SOUTH ADDITION TO THE TOWN OF MINDEN,
DOUGLAS COUNTY, NEVADA, according to the official map thereof filed in the office of the County Recorder of Douglas County, Nevada, on April 9, 1957.

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Source of information above: Trust Transfer Grant Deed, recorded on March 1, 1996, as Document Number 382442, in Book 0396 P60110, Official Records, Douglas County, Nevada.

4. The subject property belongs to me as Trustee of the Earl L. Jarrett and Sharon L. Jarrett Family Trust dated February 1, 1996.

5. There is no federal estate tax as the result of the death of the decedent.

6. There was no probate proceeding relative to the estate of Earl L. Jarrett.

Dated: June ~~26th~~, 2020


SHARON L. JARRETT, Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on June ~~26th~~, 2020 by Sharon L. Jarrett.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4145744

CERTIFICATE OF DEATH

2020010562

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Earl Lavell JARRETT			2. DATE OF DEATH (Mo/Day/Year) May 17, 2020		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 89	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1931
	9a. STATE OF BIRTH (if not US/CA, name country) Nevada		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) Sharon Lee THOMPSON
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████ 8516		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1616 County Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) Lavell JARRETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanch GRAFF			
	18a. INFORMANT- NAME (Type or Print) Sharon JARRETT			18b. MAILING ADDRESS (Street or R F D No. City or Town, State, Zip) 1616 County Rd Minden, Nevada 89423			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada 89511		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD810	20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 4600 Kietzke Lane, Ste. G-173 Reno NV 89502			
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) HENRY A MCNETT 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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) May 19, 2020		22c. HOUR OF DEATH 00:36
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) May 17, 2020		22e. PRONOUNCED DEAD AT (Hour) 00:36	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Henry A McNett MD 990 E Ninth St Reno, NV 89512				23b. LICENSE NUMBER 18987		
REGISTRAR	24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 26, 2020		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		(a) Complications Of Blunt Head And Neck Trauma				Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF: (b) Ground Level Fall				Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF: (c) _____				Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (d) _____					Interval between onset and death	
	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) Yes
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT	28b. DATE OF INJURY (Mo/Day/Yr) May 09, 2020	28c. HOUR OF INJURY 0842	28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall			
	28e. INJURY AT WORK (Specify Yes or No) No	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION 1616 County Road	STREET OR R F D. No.	CITY OR TOWN Minden	STATE Nevada

7015 8904 **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.

DEPUTY REGISTRAR

Signature
Signature Authenticated

DATE ISSUED: **5/27/2020** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar

