

APN# 1420-33-312-006



00113760202009484610060060

KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: Heritage Law, A Division of Kalicki Collier, LLP

Address: 1625 Highway 88, Suite 304

City/State/Zip: Minden, NV 89423

**Mail Tax Statements to:**

Name: Jodeen Kerns

Address: 2686 Poncho Court

City/State/Zip: Minden, NV 89423

**Affidavit of Death of Joint Tenant**

**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)

  
\_\_\_\_\_  
Signature

Suzanne J. Remington  
\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**APN: 1420-33-312-006**

Recording Requested By:  
Heritage Law, A Division of  
Kalicki Collier, LLP  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To:  
Jodeen A. Kerns  
2686 Poncho Court  
Minden, NV 89423

The undersigned hereby affirms that the document  
Submitted for recording DOES contain personal information  
as required by law: Affidavit of Death – NRS 440.380(1)(A) &  
NRS 40.525(5)

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS        )

JODEEN A. KERNS, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:


That TOMMY WAYNE KERNS, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as TOMMY W. KERNS, Grantee in that certain Grant, Bargain, Sale Deed dated August 4, 2008, and recorded on August 29, 2008, as Document No. 729122 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 2686 Poncho Court, Minden, Douglas County, Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"**

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 729122 of Official Records of Douglas County, State of Nevada, on August 29, 2008.

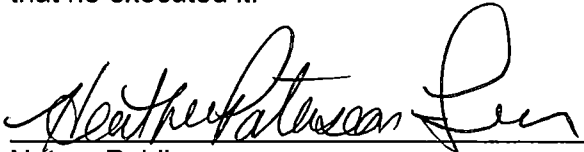
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

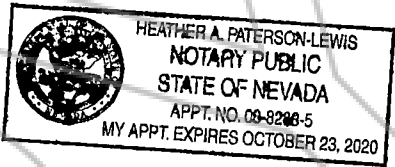
Dated: June 25, 2020.

  
\_\_\_\_\_  
JODEEN A. KERNS

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS        )

On June 25, 2020, before me, Heather Paterson-Lewis, a notary public, personally appeared JODEEN A. KERNS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

  
\_\_\_\_\_  
Notary Public

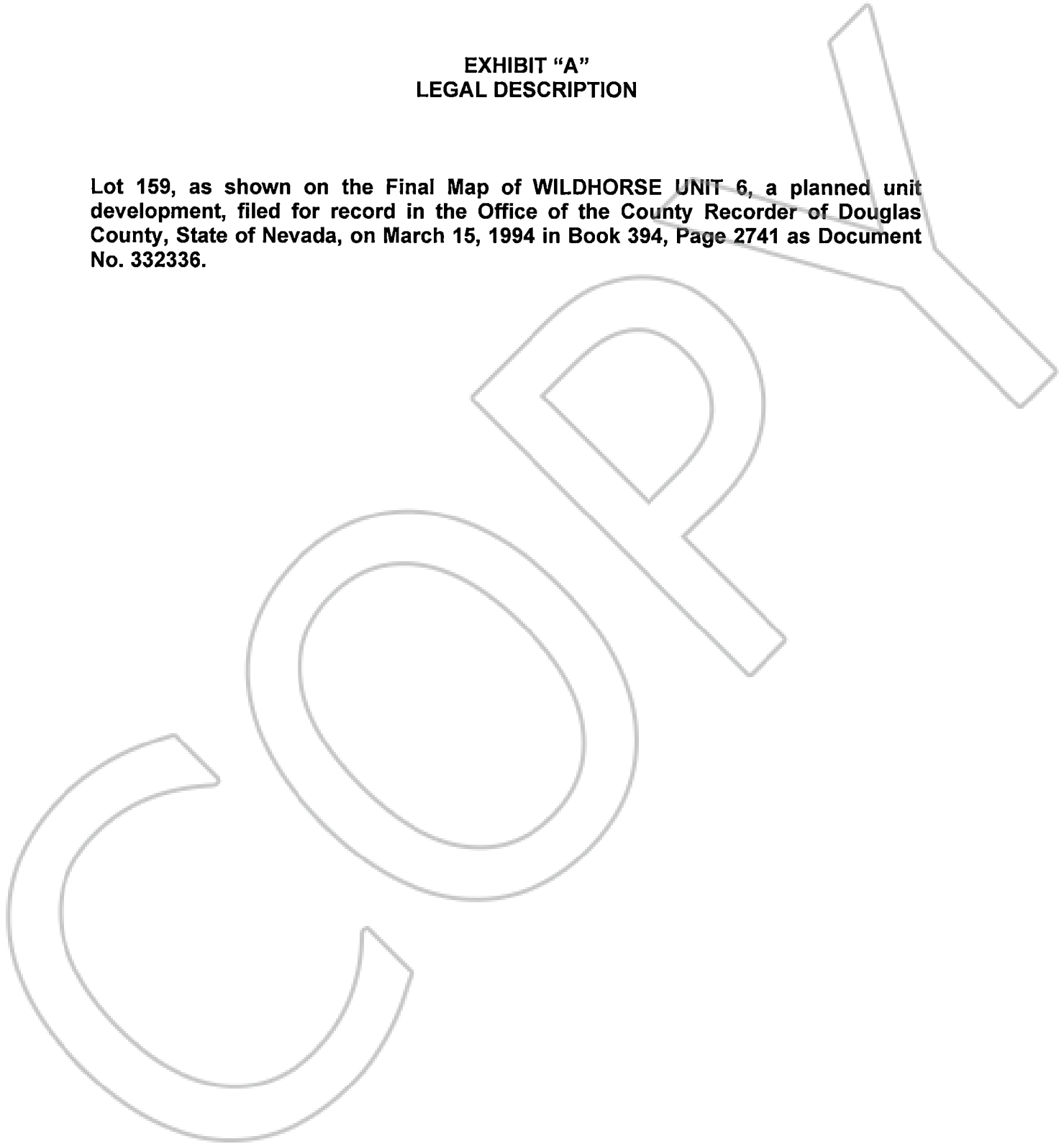


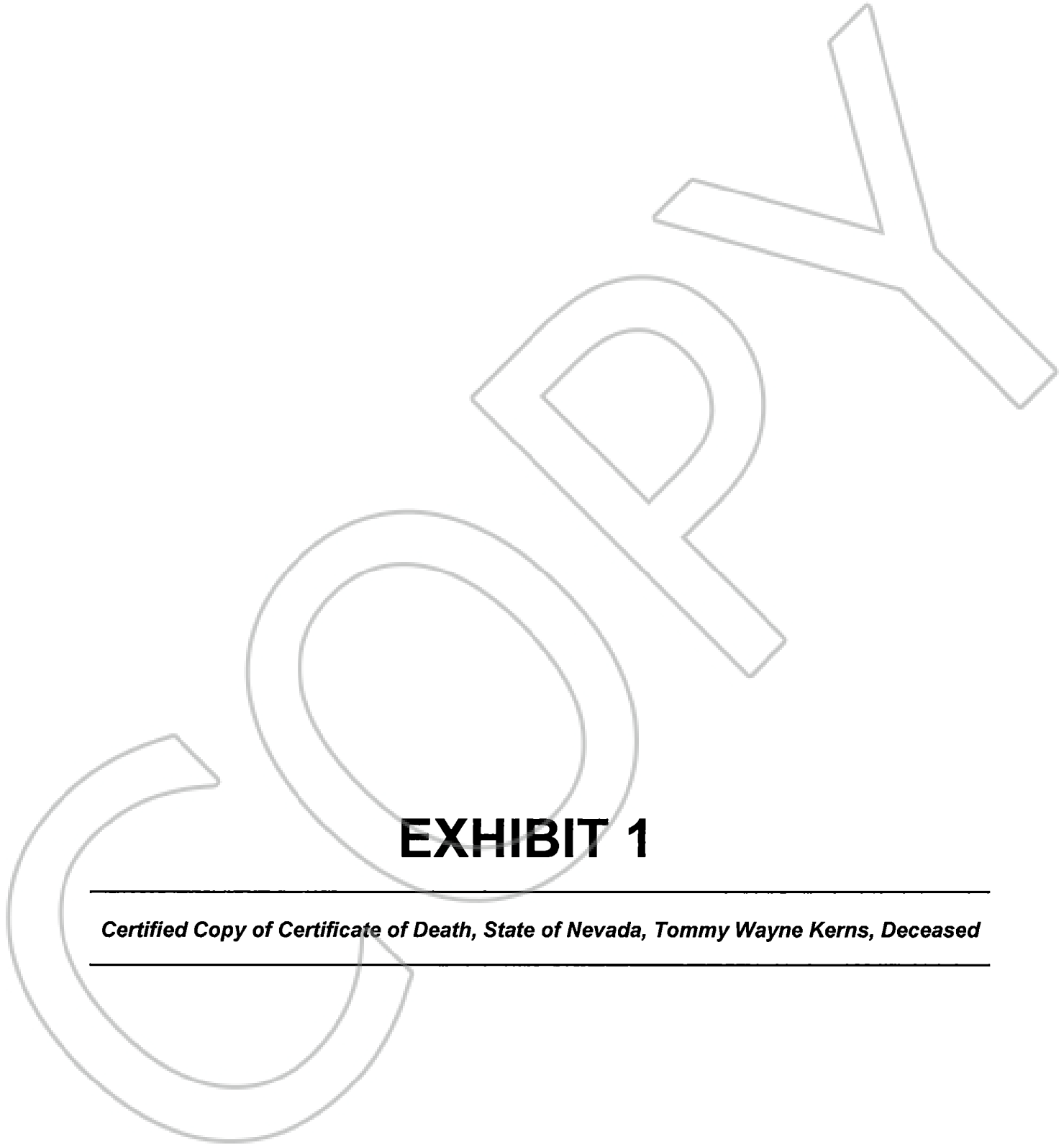
*COPIES*

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**EXHIBIT "A"  
LEGAL DESCRIPTION**

**Lot 159, as shown on the Final Map of WILDHORSE UNIT 6, a planned unit development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on March 15, 1994 in Book 394, Page 2741 as Document No. 332336.**





**EXHIBIT 1**

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*Certified Copy of Certificate of Death, State of Nevada, Tommy Wayne Kerns, Deceased*

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

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

**2014014518**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Tommy Wayne KERNS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 03, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2686 Poncho Court</b>		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>		
DECEDENT	5 RACE <b>White</b> (Specify)		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a AGE-Last birthday (Years) <b>75</b>		
	7b. UNDER 1 YEAR <b>MOS   DAYS</b>		7c. UNDER 1 DAY <b>HOURS   MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 24, 1938</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U S A , name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>		
	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (if wife, give maiden name) <b>Jodeen A BROOKSHAW</b>				
PARENTS	13 SOCIAL SECURITY NUMBER <b>[REDACTED]-1548</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Deputy Sheriff</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Law Enforcement</b>		
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		
DISPOSITION	15d. STREET AND NUMBER <b>2686 Poncho Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Thomas Jewel KERNS</b>		
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruby May</b>		18a. INFORMANT - NAME (Type or Print) <b>Jodeen KERNS</b>				
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2686 Poncho Court Minden, Nevada 89423</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		
	19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>				
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>		
	TRADE CALL - NAME AND ADDRESS						
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) <b>NITA SCHWARTZ M.D.</b>		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) <b>September 10, 2014</b>		21c. HOUR OF DEATH <b>19:10</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH				
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>		
	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 10, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26 AUTOPSY (Specify Yes or No) <b>No</b>				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
PART I (a) <b>Lung Cancer, metastatic</b>		Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death					
(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					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I							
28a. ACC., SUICIDE, HDM., 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			

STATE REGISTRAR

**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: **09/12/2014**

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

