

DOUGLAS COUNTY, NV

2020-949928

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\$40.00 Pgs=3

07/29/2020 01:27 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Gwendolyn M. Hosey
1534 Moss Circle
Gardnerville, NV89410

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2004521-RLT

APN No.: 1022-18-002-009

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Catherine Collier, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That David R Anderson the decedent mentioned in the attached copy of the Certificate of Death, is the same person as David R Anderson named as one of the Grantees in that certain Deed from Patrick E McGuire and Shirley McGuire Husband and Wife to David R Anderson and Gwendolyn Hosey, Husband and Wife, as joint tenants recorded in Book 1103 as Instrument No. 0596221, on 11/7/2003 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: July 28, 2020

Catherine Collier

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 7/28/2020,
by Catherine Collier

NOTARY PUBLIC



RISHELE L. THOMPSON
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-54931-5 - Expires April 10, 2023

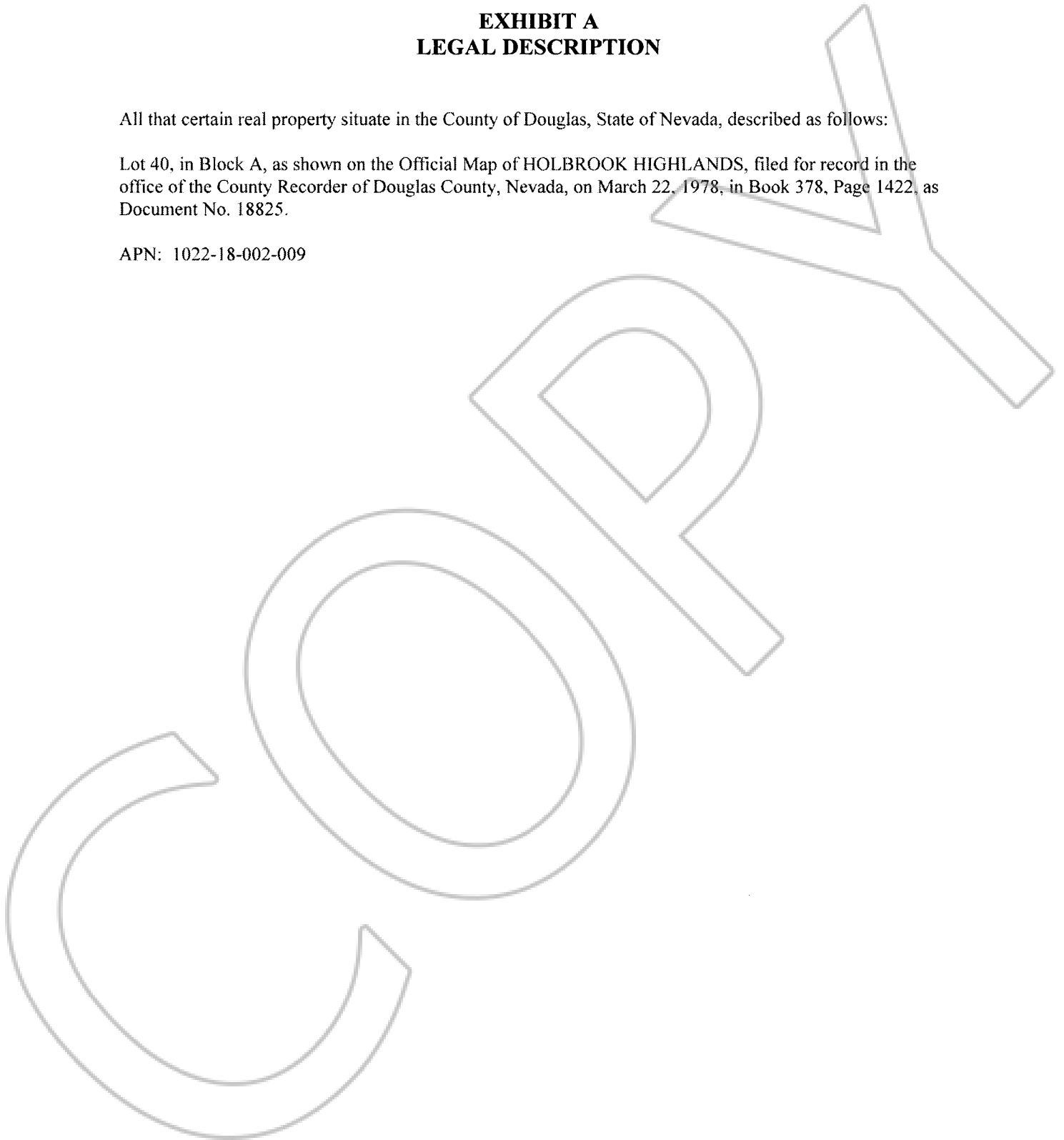
Escrow No.02004521 RLT

**EXHIBIT A
LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 40, in Block A, as shown on the Official Map of HOLBROOK HIGHLANDS, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 22, 1978, in Book 378, Page 1422, as Document No. 18825.

APN: 1022-18-002-009



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4116168

CERTIFICATE OF DEATH

2019023375
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) David Roy ANDERSON		2 DATE OF DEATH (Mo/Day/Year) November 22, 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 address and number) 1534 Moss Circle		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) 70		7b UNDER 1 YEAR MOS. DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) September 11, 1949		9a STATE OF BIRTH (if not US/CA name country) Minnesota		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 13		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last, same prior to first marriage) Gwen HOSEY	
13 SOCIAL SECURITY NUMBER -6165		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) LICENSED CONTRACTOR		14b KIND OF BUSINESS OR INDUSTRY CONTRACTING	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1534 Moss Circle		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First, Middle, Last, Suffix) Roy Hilton ANDERSON			17 MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Joyce Mardell SODERVICK		
18a INFORMANT - NAME (Type or Print) Gwen HOSEY		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1534 Moss Circle Gardnerville, Nevada 89410			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c LOCATION - City or Town, State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
21 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) SIGNATURE AUTHENTICATED DENVER J MILLER MD			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) November 27, 2019		21c HOUR OF DEATH 07:30		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c PRONOUNCED DEAD (Mo/Day/Yr)		22d PRONOUNCED DEAD AT (City or Town, State)	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller MD 5538 Longley Lane Reno, NV 89511				23b LICENSE NUMBER 7438	
24a REGISTRAR (Signature) CELESTE RAMIREZ MUNOZ		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 02, 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))		25a AUTOPSY (Specify Yes or No) No		25b WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
PART I					
(a) Acute Cardiopulmonary Arrest		Interval between onset and death		Minutes	
(b) Hypoxia		Interval between onset and death		Minutes	
(c) Cancer Of The Parotid Gland		Interval between onset and death		Months	
(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Months	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I					
26a ACC. SURVIVE HOM. UNDET. OR PENDING INVEST (Specify)		26b DATE OF INJURY (Mo/Day/Yr)		26c HOUR OF INJURY	
26d DESCRIBE HOW INJURY OCCURRED		26e INJURY AT WORK (Specify Yes or No)			
26f PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		26g LOCATION - STREET OR R.F.D. No.		26h CITY OR TOWN	
				26i STATE	

000796186



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: 12/4/2019

Celeste Ramirez Munoz
Administratrix
STATE REGISTRAR

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

