

**APN: 1320-29-118-021**

When Recorded, Please Return To:

Millward Law, Ltd  
1591 Mono Ave  
Minden, NV 89423

Mail Future Tax Statements To:

Martha A. Campbell  
1778 Evergreen Ct  
Minden, NV 89423



00116652202009510150030032

KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH**

The attached document does contain the social security number of a person as required by NRS 440.380.

AFFIANT, Martha A. Campbell, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

**Parcel 1:**

**UNIT 152, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN UNIT NO. 4, PHASE B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER, RECORDED AUGUST 19, 1993, IN BOOK 893 OF OFFICIAL RECORDS, AT PAGE 3899, DOUGLAS COUNTY, STATE OF NEVADA, AS DOCUMENT NO. 315527.**

**PARCEL 2:**

**A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS.**

was acquired and held by Affiant, Martha A. Campbell, and Decedent, John Campbell, as husband and wife as Joint Tenants with rights of survivorship by Grant, Bargain and Sale Deed executed by Ticor Title on October 18, 2018, which deed was thereafter recorded with the Douglas County Recorder on November 5, 2018;

That Decedent John Campbell passed away on July 5, 2019, as identified in Certificate of Death #2019013439, issued by the Department of Health and Human Services of the State of Nevada;

That pursuant to the rules of survivorship, Affiant, Martha A. Campbell, is the survivor and now holds this property as an unmarried woman as her sole and separate property;

That pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed recorded on November 5, 2018, as Document Number 2018-921817.

**That this information is offered with personal knowledge and declared under penalty of perjury.**

Affiant further sayeth naught.

Date: May 27, 2020

  
Martha A. Campbell, Affiant

State of Nevada )  
Douglas County )

This instrument was signed and sworn to before me on May 27<sup>th</sup>, 2020, by Martha A. Campbell.

  
Notary Public



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

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4091322

**CERTIFICATE OF DEATH**

**2019013439**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>John Albert CAMPBELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 05, 2019</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Sparks</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>Northern Nevada Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>July 12, 1935</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Martha Ann MOLLENHAUER</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 8888</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>SALES MANAGER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY STORE</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>1778 Evergreen Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Albert Jason CAMPBELL</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Letelia STERLING</b>		18a. INFORMANT- NAME (Type or Print) <b>Martha Ann CAMPBELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1778 Evergreen Ct Minden, Nevada 89423</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
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) <b>LINDELL P BRADLEY MD</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>July 10, 2019</b>		21c. HOUR OF DEATH <b>18:18</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
REGISTRAR	21e. PRONOUNCED DEAD (Mo/Day/Yr)		21f. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Lindell P Bradley MD 2375 E Prater Wy Sparks, NV 89434</b>	
	23b. LICENSE NUMBER <b>7703</b>		24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 10, 2019</b>	
CAUSE OF DEATH	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) <b>Alzheimer's Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death Years Year Interval between onset and death Interval between onset and death Interval between onset and death	
	25. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY		28c. 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	

**000347266 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 Authenticated*

DATE ISSUED: **7/11/2019** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

