

DOUGLAS COUNTY, NV **2020-951424**  
Rec:\$40.00  
\$40.00 Pgs=3 **08/26/2020 03:31 PM**  
TICOR TITLE - GARDNERVILLE  
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

**Judith Marguerite Thran**  
**711 Lassen Way**  
**Gardnerville, NV 89460**

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. 2005334-RLT  
APN No.: 1220-22-210-096

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA }  
COUNTY OF DOUGLAS } SS:

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

That Timothy Brian Stangle the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Timothy B Stangle named as one of the Grantees in that certain Deed from Timothy B Stangle, an unmarried man to Timothy B Stangle, an unmarried man and Judith Thran, an unmarried woman as joint tenants recorded as Instrument No. 2017-902481, on 08/09/2017 of Official Records of Douglas County , Nevada, covering the following described property.

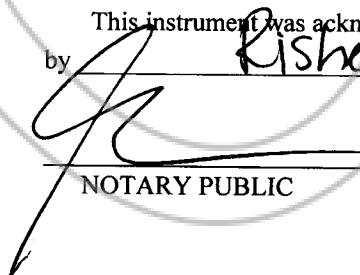
**SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF**

Dated: August 25, 2020

  
\_\_\_\_\_  
Rishele Thompson

STATE OF NEVADA }  
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on 8/25/2020,  
by Rishele Thompson

  
\_\_\_\_\_  
NOTARY PUBLIC

 **CATHERINE P. COLLIER**  
Notary Public - State of Nevada  
Appointment Recorded in Lyon County  
No: 10-2078-18 - Expires April 14, 2022

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

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

CASE FILE NO. 4131333

**CERTIFICATE OF DEATH**

2020003983  
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) <b>Timothy Brian STANGLE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 24, 2020</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Convalescent Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 08, 1933</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>12</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>0626</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>TRUCK DRIVER</b>		<b>Landscaping</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>711 Lassen Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert Donald STANGLE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Shirley Alberta MILLER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Julie HOFFMAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1125 Wakefield Trail Reno, Nevada 89523</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
20a. SIGNATURE AUTHENTICATED					
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) <b>NITA SCHWARTZ MD</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>February 27, 2020</b>		21c. HOUR OF DEATH <b>21:30</b>		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 28, 2020</b>		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).)		Interval between onset and death			
PART I (a) <b>Malignant Neoplasm Of Unspecified Part Of Bronchus Or Lung</b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



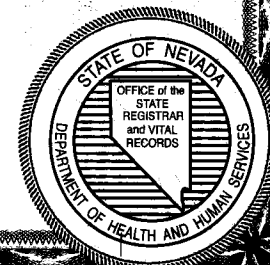
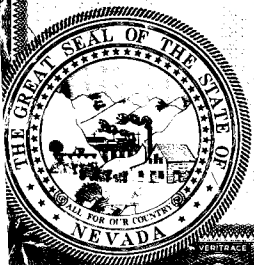
CERTIFIED COPY OF VITAL RECORDS

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: 3/2/2020

*Blaise Satariano*  
STATE REGISTRAR

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



Escrow No.02005334 RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

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

Lot 664 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512, Official Records.

APN: 1220-22-210-096

