

APN# 1220-22-310-122

**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: Eugene Abat

Address: 692 Lassen Way

City/State/Zip: Gardnerville, NV 89460



KAREN ELLISON, RECORDER

**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: 1220-22-310-122**

Recording Requested By:  
HERITAGE LAW, A Division of  
KALICKI COLLIER, LLP  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To:  
Eugene F. Abat  
692 Lassen Way  
Gardnerville, NV 89460

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        )

I, EUGENE F. ABAT, 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 his own personal knowledge:

That LENORE G. ABAT, 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 LENORE G. ABAT, Grantee in that certain Grant Deed dated May 5, 2011, and recorded on May 5, 2011, as Document No. 0782705 of Official Records of Douglas County, State of Nevada, which Grant Deed pertains to property situated at 692 Lassen Way, Gardnerville, Douglas County, Nevada, and more precisely described as:

**Lot 63, as shown on the map of Gardnerville Ranchos Unite No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, as Document No. 72456.**

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant Deed recorded as Document No. 0782705 of Official Records of Douglas County, State of Nevada, on May 5, 2011.

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

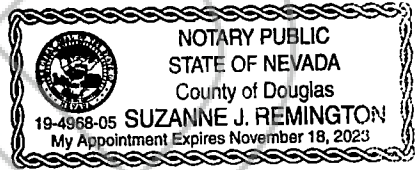
Dated: August 19, 2020.

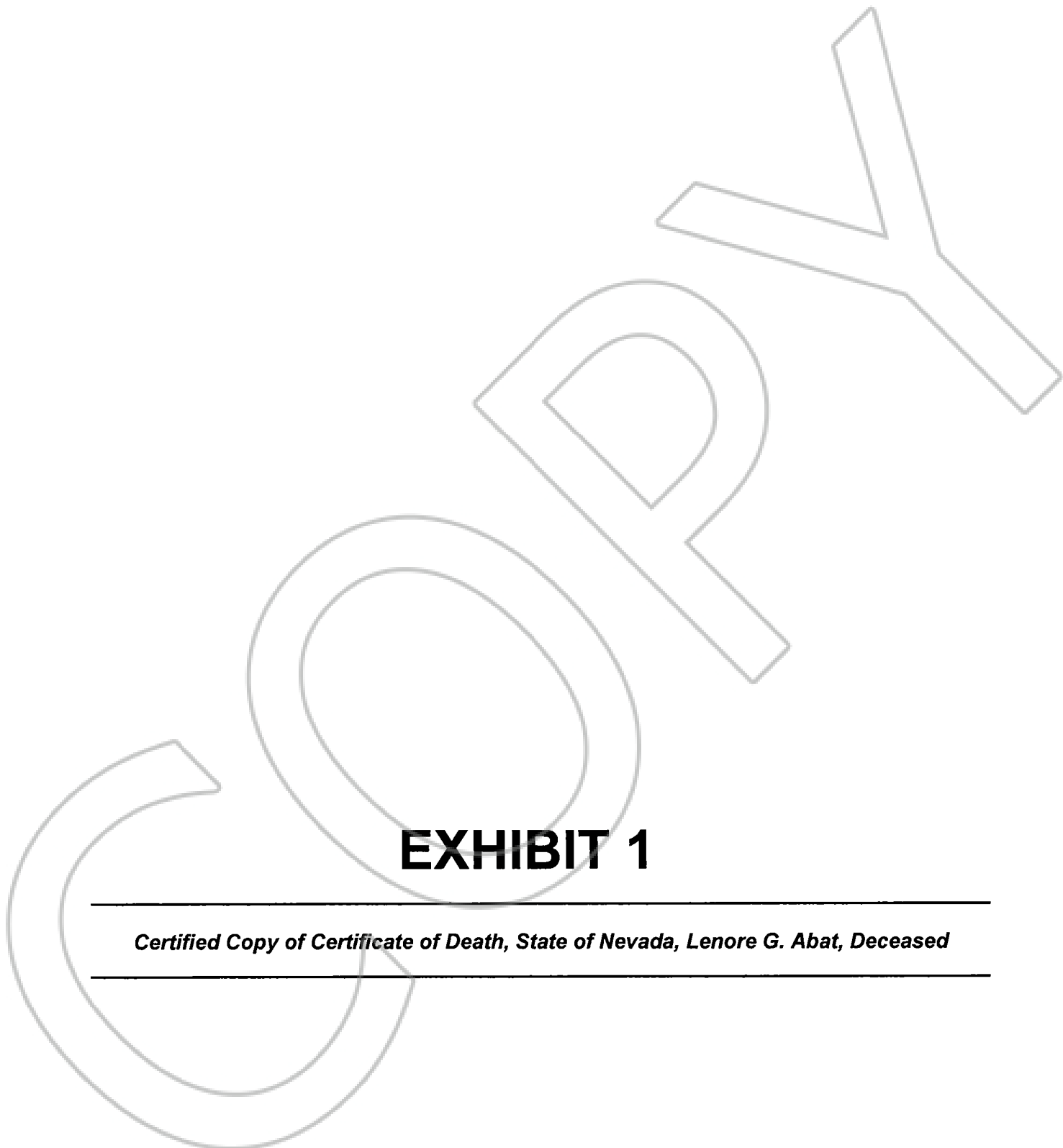
Eugene F. Abat  
EUGENE F. ABAT

STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF DOUGLAS    )

On August 19, 2020, before me, Suzanne J. Remington, a notary public, personally appeared EUGENE F. ABAT, 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.

Suzanne J. Remington  
Notary Public





**EXHIBIT 1**

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*Certified Copy of Certificate of Death, State of Nevada, Lenore G. Abat, 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

CASE FILE NO. 4136833

### CERTIFICATE OF DEATH

202006344  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Lenore Georgia ABAT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 25, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
DECEDENT	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>692 Lassen Way</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
	4. SEX <b>Female</b>					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>90</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 25, 1929</b>	
PARENTS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Eugene Fernando ABAT</b>			
DISPOSITION	13. SOCIAL SECURITY NUMBER <b>3071</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Pharmacy Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>MEDICAL</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
TRADE CALL	15d. STREET AND NUMBER <b>692 Lassen Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Leonard VAN STELLE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Cecelia Marie HENLEY</b>		
CERTIFIER	18a. INFORMANT- NAME (Type or Print) <b>Eugene Fernando ABAT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>692 Lassen Way Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CAUSE OF DEATH	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>	
	TRADE CALL - NAME AND ADDRESS					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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> 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) <b>March 30, 2020</b>		21c. HOUR OF DEATH <b>18:33</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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>			
CAUSE OF DEATH	23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 31, 2020</b>		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).) PART I (a) <b>Malignant Neoplasm Of Breast With Metastasis</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
CAUSE OF 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
CAUSE OF 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 1.					26. AUTOPSY (Specify Yes or No) <b>No</b>
CAUSE OF DEATH	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	
CAUSE OF DEATH	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	

000812407



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:

*[Signature]*  
STATE REGISTRAR

This copy is not valid unless the date, seal and signature of Registrar are engraved on the border of this certificate.

