

APN# 1320-33-716-057



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

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

Address: 1625 Highway 88 Ste 304

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Crystal Rowe

Address: 1367 Guinness Way

City/State/Zip: Gardnerville, NV 89410

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)

Heather Paterson-Lewis

Signature

Heather Paterson-Lewis

Printed Name

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

APN: 1320-33-716-057

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

Mail Future Tax Statements To:
Crystal Rowe
1367 Guinness Way
Gardnerville, NV 89410

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)

CRYSTAL M. ROWE, 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 TOM ROWE, the decedent mentioned in the attached 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 TOM ROWE, named as one of the grantees in that certain Grant, Bargain, Sale Deed executed on February 20, 2014, by TOM ROWE and CRYSTAL M. ROWE, husband and wife as joint tenants, and recorded on February 21, 2014, as Document No. 0838589 of Official Records of Douglas County, State of Nevada, which Grant, Bargain and Sale Deed pertains to property situated at 1367 Guinness Way, Gardnerville, Douglas County, Nevada, and more precisely described as:

Lot 57, Block C, as set forth on Final Subdivision Map No. 1006-8 for Chichester Estates, Phase 8, filed in the office of the County Recorder of Douglas County, Nevada and recorded June 12, 2001 in Book 0601, Page 2589 as Document NO. [sic] 516199 and as Amended by that Certificate of Amendment recorded February 15, 2002, in Book 202, Page 5301, as Document No. 534878, Official Records.

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 0838589 of Official Records of Douglas County, State of Nevada, on February 21, 2014.

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

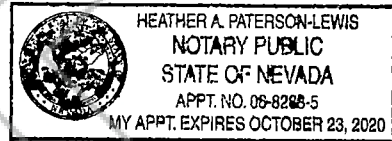
Dated: September 8, 2020.

Crystal M. Rowe
CRYSTAL M. ROWE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On September 8, 2020, before me a notary public, personally appeared CRYSTAL M. ROWE, 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.

Heather A. Paterson-Lewis
Notary Public



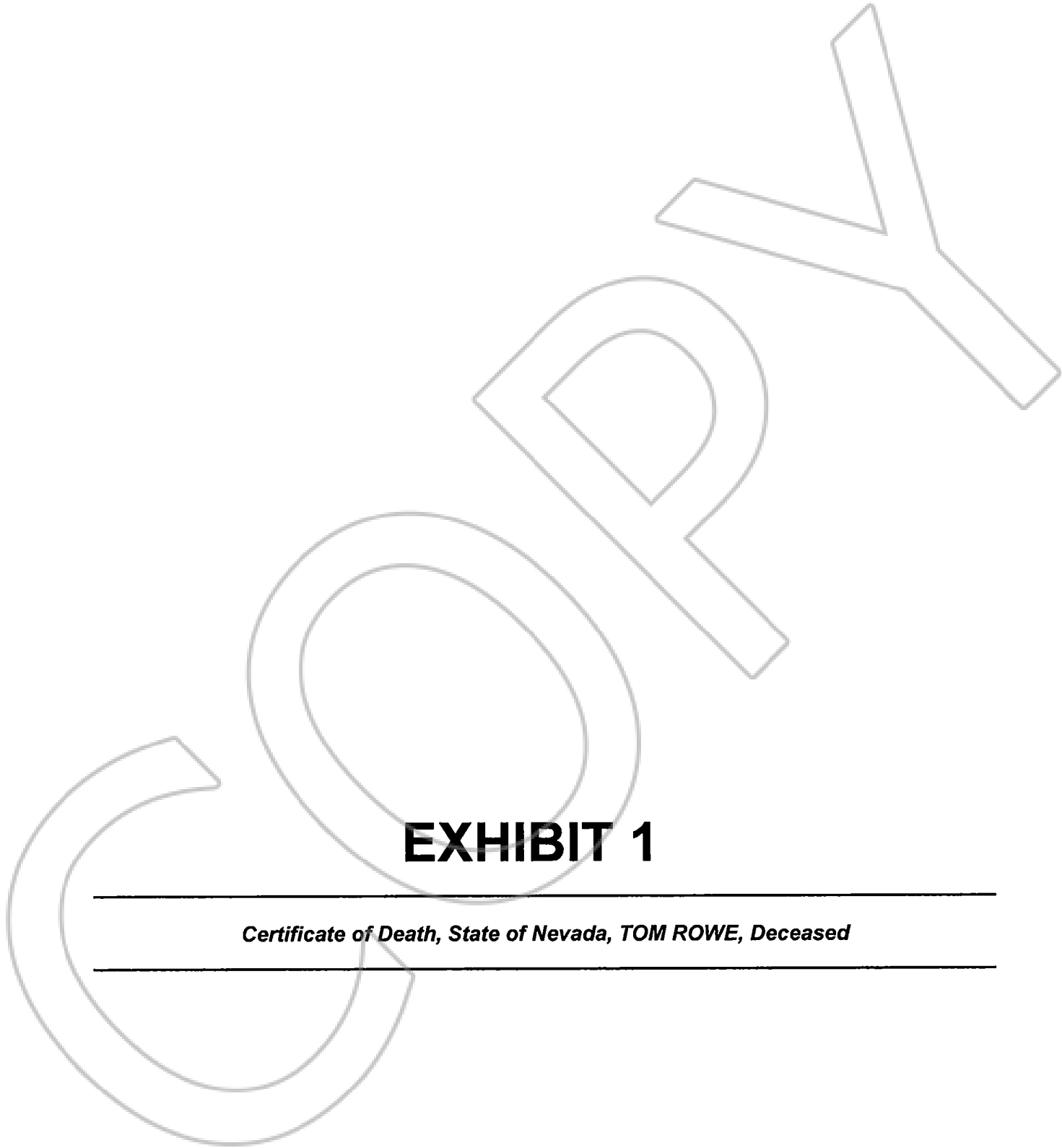


EXHIBIT 1

Certificate of Death, State of Nevada, TOM ROWE, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4139606

CERTIFICATE OF DEATH

202007744
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Glenn ROWE		2. DATE OF DEATH (Mo/Day/Year) April 10, 2020		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 42		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Crystal BIAGGINI			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-1069		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CORRECTION OFFICER		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1367 Guinness Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lawrence Vernon ROWE II	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Michele Marie THOMPSON		18a. INFORMANT- NAME (Type or Print) Crystal ROWE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1367 Guinness Way Gardnerville, Nevada 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory	
	19c. LOCATION City or Town State Carson City Nevada 89706		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations		20d. 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) RUTH RHINES		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) RUTH RHINES			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) June 10, 2020		21c. HOUR OF DEATH 10:51		22b. DATE SIGNED (Mo/Day/Yr) June 10, 2020	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 10:51		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 10, 2020	
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701			
	23b. LICENSE NUMBER 9307		24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 10, 2020	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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			
	26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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						

000819115



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:

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

STATE REGISTRAR

6/12/2020

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

