



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1219-03-001-003

Recording Requested by:

**Nancy Rey Jackson Ltd.  
1591 Mono Avenue  
Minden, NV 89423**

Grantee's name and address are &  
Mail Tax Statements to:

**Lynne A. Owens  
218 Beverly Way  
Gardnerville, NV 89460**

My I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

\_\_\_\_\_ I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):

**NRS 440.090 Requisites of certificates.**

**NRS 440.380(1)(a) Medical certificate of death: Signature; contents**

**NRS 40.525(5) Death certificate attached to affidavit**

**AFFIDAVIT - TERMINATION OF COMMUNITY PROPERTY WITH  
RIGHT OF SURVIVORSHIP**

STATE OF NEVADA     )  
                                  )  
COUNTY OF DOUGLAS    )

LYNNE A. OWENS, of legal age, being duly sworn, deposes and says:

1. That FLOYD L. OWENS, the decedent mentioned in the attached certified copy of Certificate of Death, was, until her death, and is the same person as FLOYD L. OWENS, named as one of the parties in that certain deed by and between LYNNE A. OWENS and FLOYD L. OWENS, husband and wife as community property with right of survivorship, and recorded on June 1, 2000, in Book 0600, Page 0139, as Document No. 0493160, of Official Records of Douglas County, State of Nevada, being Assessor's Parcel Number 1219-03-001-003, concerning the real property located at 218 Beverly Way, Gardnerville, Nevada, and specifically described as follows:

A Parcel of land situated in and being a portion of the Northwest 1/4 of the Northwest 1/4 of Section 3, Township 12 North, Range 19 East, M.D.B. & M., and also being a portion of Lot 3, as shown on the map of FOOTHILL ACRES, filed for record in the Office of the County Recorder of Douglas County, Nevada, on December 6, 1977, as Document No. 15619, described as follows:

BEGINNING at the Northwest corner of Lot 3 which is the True Point of Beginning; thence East 220.28 feet; thence South 267.41 feet to the northerly right-of-way line of Beverly Way; thence West 93.58 feet; thence along a curve concave to the South with central angle of 02° 57' 41" and radius of 700.00 feet and arc length of 36.18 feet; thence North 18° 38' 37" West 283.21 feet to the Point Of Beginning.

TOGETHER WITH a non-exclusive right of way for road purposes 20 feet in width lying Southerly of, parallel and contiguous to the following described line:

COMMENCING at the Northwest corner of Section 3; thence Easterly along the North line of Section 3 East 86.92 feet to the TRUE POINT OF BEGINNING; thence continuing East 394.37 feet to the Easterly terminous of said line.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

APN: 1219-03-001-003

PURSUANT TO NRS 111.312, THE ABOVE LEGAL DESCRIPTION IS THE SAME PROPERTY CONVEYED IN THE DEED RECORDED ON June 1, 2000, in Book 0600, Page 0139, as Document No. 0493160.

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said FLOYD L. OWENS in and to the real property described herein.

Dated this 28 day of September, 2020

*Lynne A. Owens*  
LYNNE A. OWENS

STATE OF NEVADA )  
  )  
COUNTY OF DOUGLAS )

On this 28<sup>th</sup> day of September, 2020, personally appeared before me, a Notary Public, LYNNE A. OWENS, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

*Nancy Rey Jackson*  
NOTARY PUBLIC



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4121185

### CERTIFICATE OF DEATH

2019025498

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  DECEASED  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>Floyd Lee OWENS</b>		2 DATE OF DEATH (Mo/Day/Year) <b>December 27, 2019</b>		3a COUNTY OF DEATH <b>Douglas</b>	
	3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>218 Beverly Way</b>		3e. If Hosp or Inst. indicate DOA, OPI/Emer Rm Inpatient(Specify) <b>Home</b>	
	5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a AGE-Last birthday (Years) <b>87</b>	
	7b UNDER 1 YEAR <b>MOS DAYS</b>		7c UNDER 1 DAY <b>HOURS MINS</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>July 28, 1932</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>14</b>	
11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lynne TANNEHILL</b>				
13 SOCIAL SECURITY NUMBER <b>3735</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>DEPUTY SHERIFF</b>		14b KIND OF BUSINESS OR INDUSTRY <b>LAW ENFORCEMENT</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>218 Beverly Way</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>				
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lee OWENS</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Louise DAUGHERTY</b>			
18a INFORMANT- NAME (Type or Print) <b>Lynne OWENS</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>218 Beverly 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>		
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</b>		
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) <b>DOUGLAS VACEK DO</b> <b>SIGNATURE AUTHENTICATED</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>December 30, 2019</b>		21c HOUR OF DEATH <b>10:59</b>		22b. DATE SIGNED (Mo/Day/Yr)		
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>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>				
23b LICENSE NUMBER <b>1125</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>				
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 30, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>				
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I					Interval between onset and death	
(a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) <b>Congestive Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) <b>Atherosclerotic Cardiovascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) <b>Hypertension</b> 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 <b>Chronic Obstructive Pulmonary Disease, Advanced Age</b>					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:

1/2/2020

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

*Blaise Satariano*  
STATE REGISTRAR  
Administrator

