

APN: 1220-27-110-016



KAREN ELLISON, RECORDER

After Recording Mail to:

Anneka M. Bishow  
1390 Rancho Rd.  
Gardnerville, NV 89460

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

ANNEKA M. BISHOW, being duly sworn, declares:

That Thomas Keith Bishow, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas K. Bishow, named as one of the parties in the Corporation Grant Deed executed by H & S Construction, Inc., by Randall S. Harris, President, to Thomas K. Bishow and Anneka M. Bishow, husband and wife as joint tenants with right of survivorship, and recorded as Instrument No. 249965 on May 3, 1991 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 150, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Per NRS 111.312, this legal description was previously recorded as Document No. 249965 on May 3, 1991.

Dated: November 17, 2020

*Anneka M. Bishow*  
ANNEKA M. BISHOW

Subscribed and sworn to before me this 17<sup>th</sup> day of November, 2020.

[Seal]

RENEE J. MORRIS  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 08-09-24  
Certificate No: 20-2367-05

*Renee J. Morris*  
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. 4070110

**CERTIFICATE OF DEATH**

2019004274  
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)<br><b>Thomas Keith BISHOW</b>   |  | 2 DATE OF DEATH (Mo/Day/Year)<br><b>March 03, 2019</b>   |  | 3a COUNTY OF DEATH<br><b>Washoe</b>  |  |
| 3b CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>  |  | 3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and<br><b>Renown Regional Medical Center</b>           |  | 3e If Hosp or Inst indicate DOA,OP/Emer Rm<br>Inpatient(Specify)<br><b>Emergency Room / Outpatient</b>                           |  |
| 5 RACE (Specify)<br><b>White</b>  |  | 6 Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>   |  | 7a AGE-Last birthday (Years)<br><b>59</b>  |  |
| 9a STATE OF BIRTH (If not US/CA,<br>name country)<br><b>New Jersey</b>  |  | 9b CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  | 10 EDUCATION<br><b>14</b>  |  |
| 13 SOCIAL SECURITY NUMBER<br><b>██████████-6973</b>   |  | 14a USUAL OCCUPATION (Give Kind of Work Done During Most of<br><b>MECHANIC</b>   |  | 14b KIND OF BUSINESS OR INDUSTRY<br><b>AUTO</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b COUNTY<br><b>Douglas</b>   |  | 15c CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| 15d STREET AND NUMBER<br><b>1390 Rancho Road</b>  |  | 15e INSIDE CITY<br>LIMITS (Specify Yes<br>or No)<br><b>Yes</b>   |  | 8 DATE OF BIRTH (Mo/Day/Yr)<br><b>February 04, 1960</b>  |  |
| 16 FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Raymond BISHOW</b>   |  |  | 17 MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Shirley HOWES</b>   |  |  |
| 18a INFORMANT- NAME (Type or Print)<br><b>Anneka BISHOW</b>   |  | 18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip)<br><b>1390 Rancho Road Gardnerville, Nevada 89460</b> |  |  |  |
| 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>  |  | 19b CEMETERY OR CREMATORY - NAME<br><b>Northern Nevada Veterans Cemetery</b>   |  | 19c LOCATION City or Town State<br><b>Fernley Nevada 89408</b>   |  |
| 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CHRISTIE D WILDE</b>  |  | 20b FUNERAL DIRECTOR<br>LICENSE NUMBER<br><b>FD917</b>   |  | 20c NAME AND ADDRESS OF FACILITY<br><b>FitzHenry's Carson Valley Funeral Home</b><br><b>1637 Esmeralda Place Minden NV 89423</b> |  |
| TRADE CALL - NAME AND ADDRESS   |  |  |  |  |  |
| 21a To the best of my knowledge, death occurred at the time, date and place and due<br>to the cause(s) stated (Signature & Title)<br><b>Laura D Knight MD</b> |  |  | 22a On the basis of examination and/or investigation, in my opinion death occurred<br>at the time, date and place and due to the cause(s) stated (Signature & Title)<br><b>Laura D Knight MD</b> |  |  |
| 21b DATE SIGNED (Mo/Day/Yr)<br><b>March 05, 2019</b>  |  | 21c HOUR OF DEATH<br><b>16:30</b>  |  | 22c HOUR OF DEATH<br><b>16:30</b>  |  |
| 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER<br>(Type or Print)  |  |  | 22d PRONOUNCED DEAD (Mo/Day/Yr)<br><b>March 03, 2019</b>   |  |  |
| 22e PRONOUNCED DEAD AT (Hour)<br><b>16:30</b>   |  |  | 23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Laura D Knight MD 990 E Ninth St Reno, NV 89512</b>                       |  |  |
| 23b LICENSE NUMBER<br><b>15930</b>  |  |  | 24a REGISTRAR (Signature)<br><b>BLAIR J HEDRICK</b>  |  |  |
| 24b DATE RECEIVED BY REGISTRAR<br>(Mo/Day/Yr)<br><b>March 06, 2019</b>  |  |  | 24c DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |
| 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I  |  |  |  |  |  |
| (a) <b>Multiple Blunt Force Injuries</b>  |  |  |  | Interval between onset and death   |  |
| (b) <b>Single Vehicle Motorcycle Crash</b>  |  |  |  | Interval between onset and death   |  |
| (c) <b>Single Vehicle Motorcycle Crash</b>  |  |  |  | Interval between onset and death   |  |
| (d) <b>Single Vehicle Motorcycle Crash</b>  |  |  |  | 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)<br><b>No</b>  |  |
| 27 WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |  | 28a ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)<br><b>ACCIDENT</b>   |  |  |  |
| 28b DATE OF INJURY (Mo/Day/Yr)<br><b>February 24, 2019</b>  |  | 28c HOUR OF INJURY<br><b>1619</b>  |  | 28d DESCRIBE HOW INJURY OCCURRED<br><b>Driver In Single Vehicle Motorcycle Crash</b>   |  |
| 28e INJURY AT WORK (Specify Yes or No)<br><b>No</b>   |  | 28f PLACE OF INJURY- At home, farm, street factory, office building, etc (Specify)<br><b>Street</b>                      |  | 28g LOCATION STREET OR R F D No CITY OR TOWN STATE<br><b>Intersection Of Tillman Lane And Patricia Drive Gardnerville Nevada</b> |  |

STATE REGISTRAR

VRS-Rev-20120523a



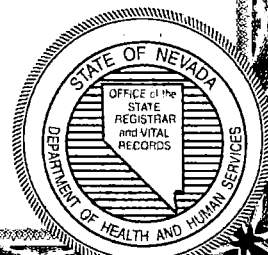
CERTIFIED COPY OF VITAL RECORDS

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.

*Julie Kattstein*  
STATE REGISTRAR

DATE ISSUED: **MAR 11 2019**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE