

APN: 1220-22-310-140



KAREN ELLISON, RECORDER

When recorded, return to:
Ryan J. Earl, Esq.
548 W. Plumb Lane, Ste. B
Reno, NV 89509

Mail Tax Statements to:
Marilyn Hogan-Ansari
10890 Dancing Aspen Drive
Reno, NV 89521

AFFIDAVIT OF DEATH OF JOINT TENANT

Marilyn Hogan-Ansari, being of legal age and sound mind, being first duly sworn,
deposes and says:

That Perry Ansari, identified in the attached certified copy of Certificate of Death, is the
same person as Perry Ansari named as a Joint Tenant in that certain Grant, Bargain and Sale
Deed having been recorded on or about April 15, 2005, as Document No. 0641816 in the Official
Records of Douglas County, State of Nevada, and affecting the following land:

LOT 743, 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 7, 1974, IN
BOOK 374, PAGE 676 AS FILE NO. 72456.

In accordance with NRS 111.365, the undersigned states as follows: (1) That she was
married to and is the widow of the deceased; (2) that Perry Ansari died on June 26, 2019 in
Washoe County, Nevada; and (3) that the undersigned, Marilyn Hogan-Ansari, an unmarried
woman, as the surviving joint tenant, now claims the above-described property to be her sole and

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separate property.

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

Dated this 16 day of November, 2020.

Marilyn Hogan-Ansari
Marilyn Hogan-Ansari

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 16th day of Nov., 2020, before me, the undersigned, a Notary Public in and for said state, personally appeared Marilyn Hogan-Ansari, personally known or proved to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by his signature on the instrument, executed the instrument.

WITNESS my hand and official seal.

Laura R. Santos
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4089419

CERTIFICATE OF DEATH

2019012673
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Perry ANSARI		2. DATE OF DEATH (Mo/Day/Year) June 26, 2019		3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Renown Regional Medical Center		3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		
DECEDENT	4. SEX Male		5. RACE (Specify) Iranian		6. Hispanic Origin? Specify No - Non-Hispanic		
	7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) January 01, 1936		9a. STATE OF BIRTH (If not US/CA, name country) Iran		9b. CITIZEN OF WHAT COUNTRY United States		
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marilyn J HOGAN		
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 7783		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SHOWROOM CAPTAIN		14b. KIND OF BUSINESS OR INDUSTRY ENTERTAINMENT		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno		
DISPOSITION	15d. STREET AND NUMBER 10890 Dancing Aspen Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Moriammad ANSARI		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Masoumeh AMEH		18a. INFORMANT - NAME (Type or Print) Marilyn HOGAN-ANSARI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 10890 Dancing Aspen Drive Reno, Nevada 89521		
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED CALEB FRINK APRN		21b. DATE SIGNED (Mo/Day/Yr) June 28, 2019		21c. HOUR OF DEATH 13:13		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)		
REGISTRAR	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) Caleb Frink APRN 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER APRN002182		24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 2019		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		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest		(b) Acute Hemorrhagic Stroke		(c) cerebral amyloid angiopathy.		
	(d) Unknown Etiology		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		25. AUTOPSY (Specify Yes or No) No		
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27d. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

000346119 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.

DEPUTY REGISTRAR

Signature Authenticated

DATE ISSUED: 6/28/2019 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

