

DOUGLAS COUNTY, NV

2021-962234

Rec:\$40.00

\$40.00

Pgs=3

02/19/2021 02:24 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1220-21-710-172

Escrow No.: 21013565-KS

Recording Requested By:
First Centennial Title Company of Nevada
4870 Vista Blvd, Ste 110
Sparks, NV 89436

When Recorded Return to:
First Centennial Title Company of Nevada
4870 Vista Blvd, Ste 110
Sparks, NV 89436

Mail Tax Statements to:
James R. Gerte
1318 Patricia Drive
Gardnerville, NV 89460

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF LIFE TENANT

(Title of Document)

Jennifer Sammons
SIGNATURE

escrow
TITLE

Jennifer Sammons
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1220-21-710-172
Escrow No. 21013665-KS

When Recorded Return to:
Lacy L. Anscott
1119 Las Brisas Drive
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF LIFE TENANT

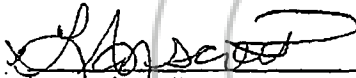
Lacy L. Anscott, of legal age, being duly sworn, deposes and says

That Patricia K. Scott the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Klea Patricia Scott named as one of the parties in that certain Deed Upon Death (with Life Estate Reservation) dated February 28, 2018 executed by Jess G. Anscott, Sr. to Klea Patricia Scott, as Life Tenant recorded as Instrument No. 2018-911116, on March 5, 2018 in Official Records of Douglas County, Nevada, covering the following described property.

Lot 440, of Gardnerville Ranchos Subdivision, Phase 7, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on March 27th, 1974, as Document No. 72456.

Assessors Parcel No.: 1220-21-710-172

Dated: 2-18-2021




Lacy L. Anscott

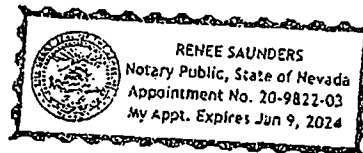
STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 18th day of February, 2021 by Lacy L. Anscott.



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. 4074293

CERTIFICATE OF DEATH

2019006305
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) Patricia K SCOTT		2. DATE OF DEATH (Mo/Day/Year) March 27, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION: Name (if not either, give street and number) 1318 Patricia Dr		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 13, 1937		9a. STATE OF BIRTH (if not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last, name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-2256		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Retail	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1318 Patricia Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Jess A ANSCOTT			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Klea P BOWDER		
18a. INFORMANT-NAME (Type or Print) Chrissa FANCHER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 8311 Castilian Dr Huntington Beach, California 92646			
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 THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations, 1521 Church Street Gardnerville NV 89410	
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) DOUGLAS VACEK DO			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) April 01, 2019		21c. HOUR OF DEATH 10:18		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 02, 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					
(a) Cardiac Arrest				Interval between onset and death	
(b) Electrolyte Abnormality				Interval between onset and death	
(c) Metastatic Invasive Breast Carcinoma				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

AKA: Klea Patricia SCOTT

000852138



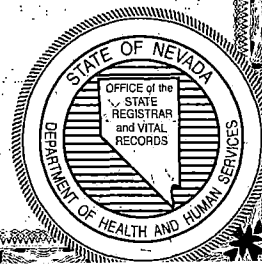
CERTIFIED COPY OF VITAL RECORDS

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: 2/9/2021

Angela Ramirez
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE INVALIDATES THIS CERTIFICATE