

DOUGLAS COUNTY, NV

2021-962235

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 JOINT 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. 21013565-KS

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

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT


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

That Jess Guy Anscott, Sr. the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jess Guy Anscott, Sr. named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 13, 2020 executed by Jess Guy Anscott, Sr. to Jess Guy Anscott, Sr. an unmarried man and Lacy Layne Anscott, a single woman as joint tenants with right of survivorship recorded as Instrument No. 2020-954792, on October 19, 2020 of 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

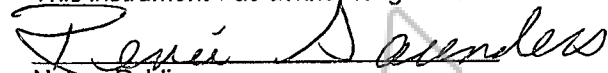


Lacy Layne Anscott

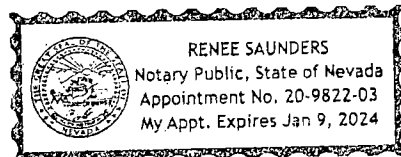
STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 18th day of February, 2021 by Lacy Layne 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. 4192358

CERTIFICATE OF DEATH

2021002535
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jess Guy ANSCOTT SR		2. DATE OF DEATH (Mo/Day/Year) January 16, 2021		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 Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No- Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 04, 1943	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-1721		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY PRODUCTION	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1318 Patricia Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Jess A ANSCOTT			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Klea BOWDER		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Lacy L ANSCOTT		18b. MAILING ADDRESS (Street or R.F.D. No, City, or Town, State, Zip) 1119 Las Brisas Drive Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63, Carson City, NV 89706	
	20a. SIGNATURE AUTHENTICATED					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD					
	21b. DATE SIGNED (Mo/Day/Yr) February 01, 2021		21c. HOUR OF DEATH 01:22			
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 02, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) Liver Cell Carcinoma Interval between onset and death					
CAUSE OF DEATH	(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
	(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
	(d) 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 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				

000851348



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:

2/4/2021

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

[Signature]
STATE REGISTRAR

