DOUGLAS COUNTY, NV

2021-962242

Rec:\$40.00 Total:\$40.00

02/19/2021 03:26 PM

ALLISON MACKENZIE, LTD

Pgs=3

APN: 1320-30-816-014

RECORDING REQUESTED BY: MIKE PAVLAKIS, ESQ. ALLISON MacKENZIE, LTD. P.O. Box 646 Carson City, Nevada 89702

MAIL TAX STATEMENTS TO: Vicki R. Bates P.O. Box 1849 Gardnerville, NV 89410

The parties executing this document hereby affirms that this document submitted for recording DOES contain the social security number of any person or persons pursuant to NRS 239B.030.



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

VICKI R. BATES, does hereby subscribe and swear under penalty of perjury that the following assertions are true:

1. That by Grant, Bargain, Sale Deed recorded September 6, 2012, in the official records of the Douglas County Recorder, as Document No. 808681, ROBIN L. BATES and VICKI R. BATES, husband and wife, as joint tenants with rights of survivorship, acquired title to a parcel of real property situate in the County of Douglas, State of Nevada, described as follows:

LOT 14, AS SHOWN ON THE MAP OF BELARRA SUBDIVISION UNIT 2.A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 26, 1977, AS INSTRUMENT NO. 11365.

Subject to

- 1. All general and special taxes for the current fiscal year.
- 2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereunto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

- 2. That ROBIN L. BATES, one of the Grantees in said deed, died on February 2, 2021, in Washoe County, Nevada, and ROBIN L. BATES is the same person identified as ROBIN L. BATES in that Certificate of Death issued by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Vital Statistics, a copy of which Certificate of Death is attached hereto and incorporated herein by this reference.
- 3. That at the time of death of ROBIN L. BATES, title to the above-referenced real property continued to be held by ROBIN L. BATES and VICKI R. BATES, husband and wife as joint tenants with rights of survivorship.
- 4. That as a result of the death of ROBIN L. BATES, the undersigned, VICKI R. BATES, as the surviving joint tenant, is the sole owner of the property.

DATED OD	1601	10,	204	, 20.	41.	/ /	
		,					
			·Vi	clu	R.	Bates	,
		-	VICK	I R. BA	TES	1	

Fol 10 1001

STATE OF NEVADA) : ss.

CARSON CITY

On <u>Fluriary 18</u>, 2021, personally appeared before me, a notary public, VICKI R. BATES, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.

LORI I. TONNE
NOTARY PUBLIC
STATE OF NO. 07-4074-3
MY APPT. EXPIRES JULY 24, 2023

NOTARY PUBLIC



CASE FILE NO. 4194987

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

CERTIFICATE OF DEATH

2021003091

TYPE OR	18 DECEASED NAME (FIRS	TAIDDLE	LAST SUFFIN					STATE FILE NUMBER						
⊰ PRINT IN ⊴PERMANENT		ASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robin Lee			DATES			2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH						
BLACK INK	í				BATES TAL OR OTHER INSTITUTION -Name(If not either, give			February 01, 2021				Washoe		
		ON OF DE	number)					e street an 3	e.lf Hosp. patient(St	or Inst. inc	licate DOA	A,OP/Emer. F	Rm. 4. SE	ΞX
ECEDENT	Reno 5. RACE (Specify)				n Regional N						Inpatien	<u>t</u>	}	Male
		Vhite	6	. Hispanic Original No No.	gin? Specify n-Hispanic	(Years)	ast birthda	7b, UNDER	1 YEAR	7c. UNDE	R 1 DAY	8. DATE OF	BIRTH (Mo/	Day/Yr)
IF DEATH					•	Ι' ΄	67	1 1			1 "	Febru	uary 07, 1	953
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not U		9b. CITIZEN OF	WHAT COUN	ITRY 10.EDUCA	TION 11. MA	RITAL STATU Marrie	JS (Specify) ed	12, SUR	/IVING SPC	USE'S NAM	E (Last name o	rios to Cont me	iage)
STITUTION SEE HANDBOOK	name country) Mexic 13. SOCIAL SECURITY NUMBER 14. SOCIAL SECURITY NUMBER 15. SOCIAL SECURITY NUMBER 15. SOCIAL SECURITY NUMBER 16. SOCIAL SECURITY NUMBER 16. SOCIAL SECURITY NUMBER 17. SOCIA		14a. USUAL OC	States	1 16			200	The state of the s			WATSO	אוכ 	
REGARDING OMPLETION OF	-1263	,,,,,	14a. USUAL OC		rgeant of Arn		g Most of				R INDUST		Ever in US	
RESIDENCE ITEMS	15a. RESIDENCE - STATE	15b, CC	DUNTY		ITY, TOWN OR L		15d ST	REET AND I	tate of I	vevada	Legisla	ture	Forces? N	
L	Nevada		Douglas				1			The Real Property lies, the Post of the Po	No.	, in	15e. INSIDE (LIMITS (Spec or No)	cify Yes
	16. FATHER/PARENT - NAME		iddle Last Suffiv		Minder		1 1682	Belarra	St		The state of the s	-	ariyo) Y	r'es
PARENTS	TOTAL STATE		d Arndt BATI	•		1	MOTHER/P	ARENT - N					1	
	18a. INFORMANT- NAME (Typ				Sh MAII ING AD	DDESS /	Ctroot or D	ED Na Ob	elleen i	IIZabe	th COL	LINS		<u> </u>
		Vicki BATES			18b. MAILING ADDRESS (Street or R.F.				Mindor	State, Zip	₎₎ da 8942	•	N .	The same
	19a, BURIAL, CREMATION, R	EMOVAL,	OTHER (Specify)	19b, CEMET	ERY OR CREMA	TORY - NAI	MF	Jelana Ji	willider		DA 0942		- 00-	
SPOSITION		Cremation			Walton's Sierra Cremato			ırv 🔪	1	I SC, LO		N City or Town State on City Nevada 89706		
	20a. FUNERAL DIRECTOR - S	IGNATUR	RE (Or Person Acti	ing as Such)	20b. FUNERA	75.			DESS OF	EACHT	Valson	City Neva	303 69706	3
			HOMAS		LICENSE NUI	MBER	1	Waltons F	unerals	& Cren	nations-	Chapel of	the Valle	v
			UTHENTICATE	D	FD8	361	\.		1281 N F	Roop Ca	arson Cit	y NV 897	'06	7
RADE CALL	TRADE CALL - NAME AND AD					V	1	/	1					
	N 21a. To the best of my k	nowledge	, death occurred a	t the time, dat	e and place and d UTHENTICAT	due à w	22a, On the	basis of exam	ination and	/or investig	gation, in m	yopinion dea	th occurred	
	The cause(s) stated.(s	NE M	RALLECA L	LAGUNO	APRN	Completed by ONER'S OFFICE	at the time, o	date and plac	e and due t	o the cause	e(s) stated.	(Signature &	Title)	
CERTIFIER	21b. DATE SIGNED (M	o/Day/Yr)		IOUR OF DEA		algu	22b. DATE	E SIGNED (I	Mo/Dav/Yr)	22c. F	OUR OF DE	ΔΤΗ	
	ළ February 05, 20			22:	18	Cor	7%	1		•				
	a 는 21d. NAME OF ATTEN 으핑 (Type or Print)	DING PH	YSICIAN IF OTHE	R THAN CER	TIFIER	Be Cc	22d. PRO	NOUNCED	DEAD (Mo	/Day/Yr)	22e, F	RONOUNCE	D DEAD AT	(Hour)
		/			The state of the s	120		<u> </u>	The same of			_		
	23a. NAME AND ADDRESS O	F CERTIF Geraldi	ier (Physician, ine M Ralleca	ATTENDING	PHYSICIAN, ME	DICAL EXA	MINER, OR	CORONER) (Type or	Print)	23	b. LICENSE		
FOICTDAD	24a. REGISTRAR (Signature)		CARMEN M			124h DATE	RO, NV	B95UZ D BY REGI	TDAD	124- 0	EATH DU	APRI E TO COMM	N822452	
EGISTRAR	, ,		IGNATURE AUT			(Mo/Day/)	- 176	ruary 05,	784	240, L	YES		IO	JISEASE
CAUSE OF	25. IMMEDIATE CAUSE		R ONLY ONE CA			ND (c))	1 60	nuary 05,	2021		153			
DEATH	PARTI _ (a) Respirat	ory Fa	ailure			((C))	1				:	interval bety	ween onset a	nd death
D L71111	DUE TO, OR	AS A COL	NSEQUENCE OF:			-	_				- i	January 1 to 1 to 1		
CONDITIONS IF	(b) Pneumo		\ \								-	interval betv	ween onset ar	nd death
ANY WHICH GAVE RISE TO	DUE TO, OR	AS A CO	NSEQUENCE OF:									1		
IMMEDIATE CAUSE	(c) COVID	19 Inf	ection			/	/				į	interval betv	veen onset ar	nd death
STATING THE UNDERLYING	DUE TO, OR	AS A CO	NSEQUENCE OF:	No. 1		_/	-/-		·			Interval het	ween onset a	and dogsth
CAUSE LAST	(d)		1	The Real Property lies and the Personal Property lies and the		and the same of th					į	miter var betv	veen onset a	no deam
/	PART II OTHER SIGNIFICAN	T CONDI	TIONS-Conditions	contributing to	death but not re	sulting in the	underlying	cause olver	in Part 1	12	6 ALITOR	SY (Specif 27	INAC CACE	
/ /			Salar Sa	<u> </u>				1 40000 giroi			es or No)	RE	EFERRED TO C	CORONER
. / /	28a. ACC., SUICIDE, HOM., UNDET	. 28b. D/	ATE OF INJURY (Mo/I	Day/Yr)	28c, HOUR OF INJ	URY 128d	. DESCRIBE I	HOW INJURY	OCCURRE			No 15	EFERRED TO C pecify Yes or N	No
	OR PENDING INVEST. (Specify)	1							0000.012.2	•				
					<u> </u>									
\ \	28e. INJURY AT WORK (Speci Yes or No)	fy 28f.Pl	LACE OF INJURY	At home, far	m, street, factory,	office 28g	, LOCATIO	N ST	REET OR	R.F.D. No	. CITY	OR TOWN		STATE
\ '	res of ita)	pullain	g, etc. (Specify)	-}-										
\ .	\		/	_/										
\ \	1		/	/										
1				/									*	
1			/ /	/										
	1													
										_				
dining of the contract of the				CE	RTIFIED	COPY C	OF VITA	AL REC	ORDS	3			Maria Contraction of the Contrac	minima annu
												_	ATE O	IF NEW
17/1	This is a tri	ie and ex	act reproduction	of the docum	ent officially red	istered and	ı	ھ		<i>~</i>	_	£,	/ /s>Z	



STATE REGISTRAR

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

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

