

APN#: 1022-29-310-005

DOUGLAS COUNTY, NV

2021-963568

Rec:\$40.00

\$40.00

Pgs=3

03/15/2021 03:50 PM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Terry B. Hansen

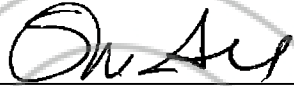
953 Arrowhead
Gardnerville, NV 89410

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Sherry Ackermann

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Terry B. Hansen, of legal age, being first duly sworn, deposes and says:

That Geraldine Jane Hansen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Geraldine Jane Hansen named as one of the parties in that certain Grant, Bargain and Sale Deed dated 7/16/2003 executed by James B. Hansen and Anna Lee Hansen, Trustees of the Hansen Family Trust dated October 25, 1995 to William James Ross and Kathleen Ann Ross, husband and wife as joint tenants as to an undivided 1/2 interest and Terry B. Hansen and Geraldine Jane Hansen, husband and wife as joint tenants as to an undivided 1/2 interest as joint tenants, recorded as instrument No. 0584682, on 7/29/2003, in Book0703, Page 14389, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lots 150 and 151, as shown on the Map of TOPAZ SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, in Book 1 of Maps, as File No. 9774.

Dated March 12, 2021

Terry B. Hansen
Terry B. Hansen, Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on March 12, 2021

by Terry B. Hansen _____

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010005119
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
STARTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Geraldine Jane HANSEN		2. DATE OF DEATH (Mo/Day/Year) April 04, 2010		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) 950 Morningstar Court		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 56		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 09, 1954		9a. STATE OF BIRTH (If not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Terry HANSEN	
13. SOCIAL SECURITY NUMBER 8799		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Interpreter For The Deaf		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 950 Morningstar Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Paul GRAVES	
17. MOTHER - NAME (First Middle Last Suffix) Viola HYDE		18a. INFORMANT- NAME (Type or Print) Terry HANSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 950 Morningstar Court Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 385 N 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) BERNADETTE SMITH		21b. DATE SIGNED (Mo/Day/Yr) April 07, 2010		21c. HOUR OF DEATH 19:37	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) BERNADETTE SMITH		22b. DATE SIGNED (Mo/Day/Yr) April 07, 2010	
22c. HOUR OF DEATH 19:37		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 04, 2010		22e. PRONOUNCED DEAD AT (Hour) 19:37	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner BERNADETTE SMITH P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER 369	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 12, 2010		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				Interval between onset and death	
(a) Asphyxiation				Interval between onset and death	
(b) Ligature Hanging				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				26. AUTOPSY (Specify Yes or No) YES	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide	
28b. DATE OF INJURY (Mo/Day/Yr) April 04, 2010		28c. HOUR OF INJURY 1937		28d. DESCRIBE HOW INJURY OCCURRED Self Inflicted Ligature Hanging	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 950 Morningstar Court Gardnerville Nevada	

STATE REGISTRAR

3531404

325447 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.

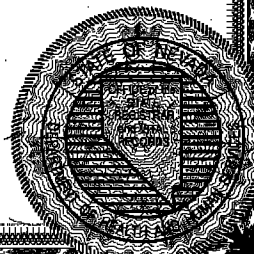
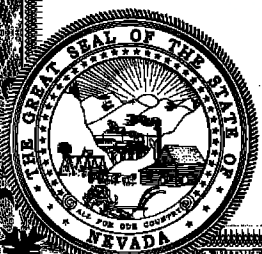
DATE ISSUED: 04/12/2010

Rud White
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 1/1/06

VRS-Rev-20090602



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE