

APN# 122016210154

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: SHARON HALA

Address: 911 RAWHIDE CT

City/State/Zip: Gardnerville NV 89460

AFFIDAVIT- TERMINATING JOINT TENANCY

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

A.P.N.: 1220-16-210-154
File No: 143-2610866 (et)

When Recorded return to, and mail Tax Statements to:
Sharon Hala
PO Box 1846
Minden NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Sharon A. Hala, of legal age, being first duly sworn, deposes and says:

That **Roger A. Hala**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Roger A. Hala** named as one of the parties in that certain **GRANT DEED** dated **November 30, 1981** executed by **Douglas R. Chagnon and Elizabeth A. Chagnon** to **Sharon A. Hala and Roger A. Hala** as joint tenants, recorded as Document No. **132595** on **March 26, 1986** in Book **386** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 24, BLOCK F, AS SAID LOT AND BLOCK ARE SHOWN ON THE AMENDED MAP OF RANCHO ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 30, 1972, DOCUMENT NO. 62493.

Sharon Hala _____ 3-23-2021

Sharon A. Hala

Date

STATE OF **NEVADA**)
) :ss.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:

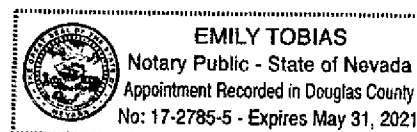
23 day of March 2021

By: **Sharon A. Hala**

By: *Emily Tobias* _____ Its: _____

Notary Public,

(My commission expires: 5/31/21)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4175973

CERTIFICATE OF DEATH

2020024506
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) Roger Aloysius HALA		2. DATE OF DEATH (Mo/Day/Year) November 01, 2020		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emor. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
9a. STATE OF BIRTH (If not US/CA, name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER -8910		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY ELECTRIC COMPANY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 911 Rawhide Ct		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sharon WALDRON	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Anton L HALA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lilian FETTER		
18a. INFORMANT - NAME (Type or Print) Sharon HALA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 911 Rawhide Ct Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROBERT B RICHESON MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 07, 2020		21c. HOUR OF DEATH 16:29		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert B Richeson MD 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER 6747		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Acute respiratory distress syndrome With severe hypoxemia DUE TO, OR AS A CONSEQUENCE OF: (b) Catheter associated fungemia DUE TO, OR AS A CONSEQUENCE OF: (c) Methicillin-resistant Staphylococcus aureus pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d) COVID-19					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Pneumonia, Critical illness polymyopathy, acute renal failure requiring hemodialysis				26. AUTOPSY (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	

000841043



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: 12/2/2020

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

Carlen Thomas
STATE REGISTRAR

