

DOUGLAS COUNTY, NV **2021-964945**
Rec:\$40.00
\$40.00 Pgs=4 **04/06/2021 02:04 PM**
TIMIOS, INC. - NATIONAL RECORDING
KAREN ELLISON, RECORDER

A.P.N. #: 1121-35-001-014

Escrow #: 2082344

RECORDING REQUESTED BY:

Timios Agency of Nevada, Inc.

5716 Corsa Ave., Suite 102

Westlake Village, CA 91362

Phone: (877) 884-6457

MAIL TAX STATEMENTS AND WHEN RECORDED MAIL

TO:

ALBERTA C MYERS

3158 BODIE RD

GARDNERVILLE, NV 89410

Deal No.: 694300

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)

) SS.

COUNTY OF DOUGLAS)

ALBERTA C MYERS of legal age, being first duly sworn, deposes and says:

RAY I. MYERS is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as RAY I. MYERS, named as one of the parties in that certain deed dated 04/25/2010, executed by WILLIAM A. CASSINOS AND ELIZABETH CASSINOS, HUSBAND AND WIFE, AS JOINT TENANTS to RAY I. MYERS AND ALBERTA C. MYERS, HUSBAND AND WIFE, as **joint tenants**, recorded on 04/28/2011, as Instrument No. 782307, Official Records of DOUGLAS County, NEVADA describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 3158 BODIE RD, GARDNERVILLE, NV 89410

Dated: 2-1-2021

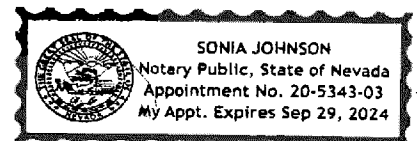
Alberta C Myers
ALBERTA C MYERS

State of Nevada }
County of ^{SJ} ~~County~~ Douglas } ss.

This instrument was acknowledged before me on 2/1/2021

By: ^{SJ} *Alberta C. Myers*

Signature: *[Signature]*
Notary Public



(This area for notary stamp)

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law: Matt Popchock

MATT POPCHOCK

THIS INSTRUMENT WAS PREPARED BY
ANNIE PADILLA-BALBI

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

COOPY

EXHIBIT "A"

LEGAL DESCRIPTION

File No: 08-02082343

ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA,
DESCRIBED AS FOLLOWS:

LOT 9, AS SHOWN ON THE OFFICIAL MAP OF SPRING VALLEY RANCHOS SUBDIVISION UNIT NO. 1,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON DECEMBER 6, 1967
AS DOCUMENT NO. 39423, AND AS SHOWN ON AMENDED MAP FILED OCTOBER 8, 1968 AS DOCUMENT NO.
42547.

PARCEL: 1121-35-001-014

BEING THE SAME PROPERTY CONVEYED TO RAY I. MYERS AND ALBERTA C. MYERS, HUSBAND AND WIFE,
AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP BY DEED FROM WILLIAM A. CASSINOS AND
ELIZABETH CASSINOS, HUSBAND AND WIFE, AS JOINT TENANTS RECORDED 04/28/2011 IN DEED BOOK
411 PAGE 5766, IN THE DOUGLAS COUNTY, NEVADA, RECORDER'S OFFICE.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4186251

CERTIFICATE OF DEATH

2020029646

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ray I MYERS		2. DATE OF DEATH (Mo/Day/Year) December 22, 2020		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) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
	4. SEX Male		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	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) January 21, 1943		9a. STATE OF BIRTH (If not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Alberta Charlene DREWRY	
	13. SOCIAL SECURITY NUMBER ██████████ 6529		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner/Sales Manager		14b. KIND OF BUSINESS OR INDUSTRY Recreation Vehicles	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
	15d. STREET AND NUMBER 3158 Bodie Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Ray T MYERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Etoile SEAY		
PARENTS	18a. INFORMANT- NAME (Type or Print) Alberta Charlene MYERS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3158 Bodie Road Gardnerville, Nevada 89410			
	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) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TREVOR PHAN MD SIGNATURE AUTHENTICATED			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) December 23, 2020		21c. HOUR OF DEATH 19:19		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Trevor Phan MD 1107 Highway 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 12765		
REGISTRAR	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2020		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))					
CAUSE OF DEATH	PART I				Interval between onset and death	
	(a) Acute Hypoxic Respiratory Failure				Weeks	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) Adult Respiratory Distress Syndrome				Weeks	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Multi-lobar Pneumonia				Weeks		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) Covid 19				Weeks		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Sepsis, Atrial Fibrillation				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		

ORIGINAL



CERTIFIED COPY OF VITAL RECORDS

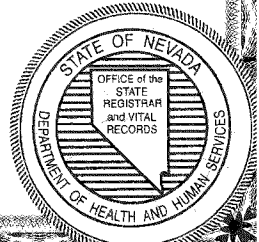
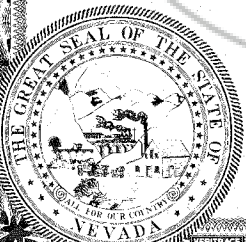
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/4/2021

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE