

DOUGLAS COUNTY, NV

2021-965839

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\$40.00

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04/20/2021 01:47 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Penelope L. Taylor  
3960 Bell Road #313  
Hermitage, TN 37076

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2101840-RLT  
APN No.: 1320-33-813-007

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

Penelope L. Taylor, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Jeffrey L. Taylor the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Jeffrey L. Taylor named as one of the Grantees in that certain Deed from Jeffrey L. Taylor, a married man to Jeffrey L. Taylor and Penelope L. Taylor, husband and wife as joint tenants recorded in Book 1001, Page 7911 as Instrument No. 0526099, on October 23, 2001 of Official Records of Douglas County, Nevada, covering the following described property.

**SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF**


Dated: March 31, 2021

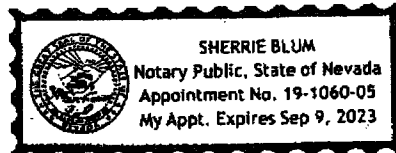
  
\_\_\_\_\_  
Penelope L. Taylor

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on April 6, 2021,  
by Penelope L. Taylor

  
\_\_\_\_\_  
NOTARY PUBLIC



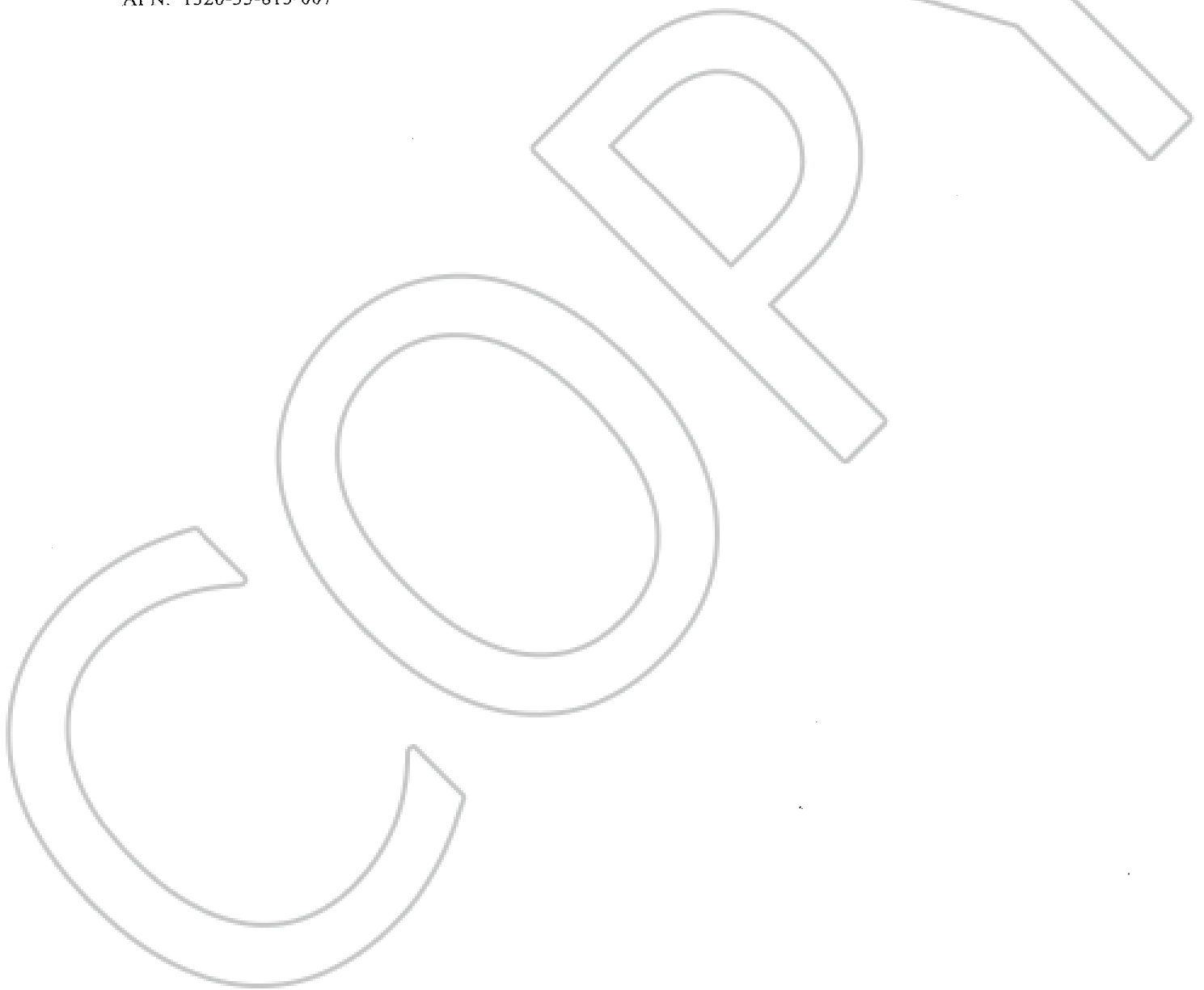
Escrow No.02101840-RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

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

Lot 14, Block C, as set forth on FINAL SUBDIVISION MAP NO. 1006-5 for CHICHESTER ESTATES, PHASE 5, filed in the office of the County Recorder of Douglas County, Nevada, and recorded April 9, 1999 in Book 499, Page 1900, as Document No. 465394.

APN: 1320-33-813-007



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2014013977  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF "RESIDENCE" ITEMS

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Jeffrey L TAYLOR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 14, 2014</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer, Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 12, 1941</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Penelope L STEENSON</b>	
13. SOCIAL SECURITY NUMBER <b>1607</b>		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Aerospace</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1345 Chichester Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. EVER IN US ARMED FORCES? <b>Yes</b>	
16. FATHER/PARENT - NAME (First-Middle, Last, Suffix) <b>James Milton TAYLOR</b>			17. MOTHER/PARENT - NAME (First-Middle, Last, Suffix) <b>Frances Alene BUCKNER</b>		
18a. INFORMANT - NAME (Type of Print) <b>Penelope L TAYLOR</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1345 Chichester Dr. Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION - City or Town, State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> 989 West Moana Lane Reno, NV 89509	
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) <b>CRAIG RAU M.D.</b> 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) <b>August 20, 2014</b>		21c. HOUR OF DEATH <b>09:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23b. LICENSE NUMBER <b>10991</b>	
25a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) <b>Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703</b>				23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 01, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I: (a) <b>Cardiorespiratory Failure</b>				Interval between onset and death <b>Minutes</b>	
(b) <b>Sepsis</b>				Interval between onset and death <b>Days</b>	
(c) <b>Decubitus Ulcer with Cellulitis</b>				Interval between onset and death <b>Weeks</b>	
(d) <b>Cause Otherwise Unknown</b>				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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>				28a. ACC. SUICIDE, HOMIC. 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	

DECEDENT

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

541555

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:

09/03/2014

SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

