

APN#: 1420-18-112-015

DOUGLAS COUNTY, NV **2021-966601**
Rec:\$40.00
\$40.00 Pgs=3 04/30/2021 09:08 AM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:

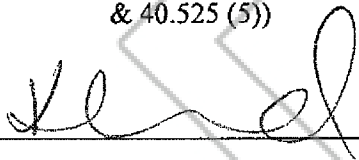
Western Title Company

When Recorded Mail To:

Linda Rond
2120 E. Long St. #114
Carson City NV 89706

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

Linda Rond, of legal age, being first duly sworn, deposes and says:

That ^{James L. Rond} ~~James E. Rond~~, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James L. Rond named as one of the parties in that certain Grant Bargain and Sale Deed dated 6/20/2003 executed by Thomas Gransbery and Keri Gransbery, husband and wife to James L. Rond and Linda Rond husband and wife as joint tenants, recorded as instrument No. 580802, on 6/20/2003, in Book603, Page 10961, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 2, in Block B, of Valley Vista Estates II, Unit 1, a Planned Unit Development according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 17, 1993, in Book 1293, at Page 3652, as Document No. 325265.

Dated April 28, 2021

Linda Rond
Linda Rond, Surviving Joint Tenant

STATE OF NEVADA)
COUNTY OF Douglas)SS

This instrument was acknowledged before me on April 28, 2021
by Linda Rond _____

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4167963

CERTIFICATE OF DEATH

202002055
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) James Lemuel ROND		2. DATE OF DEATH (Mo/Day/Year) September 14, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 3349 Coloma Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 09, 1944		9a. STATE OF BIRTH (If not US/CA, name, country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Linda HAUSER	
13. SOCIAL SECURITY NUMBER ██████████ 1259		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Cartographer		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3349 Coloma Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lemuel ROND	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margie TAIT		18a. INFORMANT - NAME (Type or Print) James L ROND II		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3349 Coloma Drive Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) REED DOFF MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) September 16, 2020		21c. HOUR OF DEATH 08:06		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)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 16, 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).)					
PART I (a) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (c) Malignant, Metastatic Prostate Carcinoma				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (d)				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. Chronic Kidney Disease, Coronary Heart Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (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		28h. CITY OR TOWN	
28i. STATE					

000832137



CERTIFIED COPY OF VITAL RECORDS

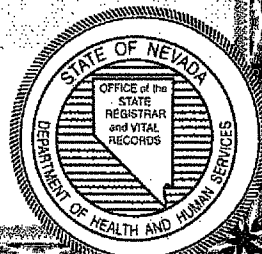
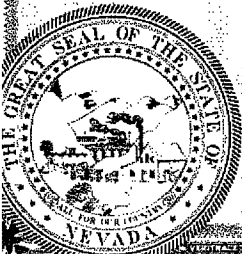
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

9/18/2020

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

John Lawrence
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE