

APN: 1220-21-610-043

~~When Recorded Return to:
Lourdes Gonzalez
11084 Marymount Dr.,
Reno, NV 89506~~



KAREN ELLISON, RECORDER

Michael A Fecteau
747 Blue Rock Rd
Gardnerville, NV, 89460

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Michael A. Fecteau, of legal age, being duly sworn, deposes and says

That Joanne Fecteau the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Joanne M. Fecteau named as one of the parties in that certain Grant, Bargain Sale Deed dated July 8, 2002 executed by Joanne M. Fecteau to Joanne M. Fecteau and Michael A. Fecteau, wife and husband as joint tenants recorded as Instrument No. 0546604, on July 8, 2002 in Book 0702 Page 02253 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 438, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573 Page 1026, as File No. 66512.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Michael A. Fecteau

Dated: 6-2-2021

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 2nd day of June, 2021, by Michael A. Fecteau.

Notary Public

VALERIE STRAW
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 08-7375-5 - Expires January 28, 2025

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4211846

CERTIFICATE OF DEATH

2021011314
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) Joanne FECTEAU		2. DATE OF DEATH (Mo/Day/Year) May 04, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 58		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 26, 1962		9a. STATE OF BIRTH (If not US/CA, name country) California		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) Michael FECTEAU	
13. SOCIAL SECURITY NUMBER 8273		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CARE GIVER		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 747 Bluerock Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle - Last Suffix) Leroy SPANN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Henrietta VAN LIERUP		
18a. INFORMANT- NAME (Type or Print) Michael FECTEAU		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 747 Bluerock Road Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) HOLLY PORTER APRN 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) May 11, 2021		21c. HOUR OF DEATH 16:19		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Holly Porter APRN 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER APRN002628		24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 11, 2021		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) Brain Death Interval between onset and death					
(b) Cerebral Herniation Interval between onset and death					
(c) Subarachnoid Hemorrhage Interval between onset and death					
(d) Cerebellar Stroke Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
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. CITY OR TOWN STATE	

000872184



CERTIFIED COPY OF VITAL RECORDS

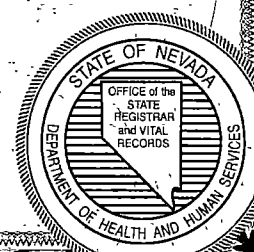
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/25/2021

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE