APN# 1121-05-511-015 KAREN ELLISON, RECORDER 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: Alberta Myers Address: 3158 Bodie Rd City/State/Zip: Gardnerville NV 89410 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

DOUGLAS COUNTY, NV

Pgs=3 FIRST AMERICAN TITLE MINDEN

Rec:\$40.00

\$40.00

2021-968718

06/07/2021 12:41 PM

A.P.N.: File No: 1121-05-511-015 143-2624161 (et)

When Recorded return to, and mail Tax Statements to: Alberta Myers 3158 Bodie Rd Gardnerville NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Alberta Myers, of legal age, being first duly sworn, deposes and says:

That **Ray Myers**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Ray Myers** named as one of the parties in that certain **Quitlaim Deed** dated **November 19, 2018** executed by **Leon Mark Kizer** to **Ray Myers and Alberta Myers** as joint tenants, recorded as Document No. **2018-922828** on **11/26/2018** in Book **N/A** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada**:

LOT 52, AS SET FORTH ON THE AMENDED RECORD OF SURVEY OF PINEVIEW DEVELOPMENT UNIT 2, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON APRIL 17, 2001, IN BOOK 0401, PAGE 4191, AS FILE NO. 512460.

alberta Myes \$720/21

Alberta Myers

Date

STATE OF

NEVADA

:ss

COUNTY OF

DOUGLAS

This instrument was acknowledged before me on this:

30 day of 1001 , 3021

/ /1

Nota Appoir

EMILY TOBIAS

Notary Public - State of Nevada

Appointment Recorded in Douglas County
No: 17-2785-6 - Expires May 31, 2021

By: Alberta Myers

Notary Public

(My commission expires:

131/20



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4186251

CERTIFICATE OF DEATH

2020029646

	STATE FIL						ILE NUMBER
TYPE OR	1a DECEASED NAME (FIRST,MI		2 DATE OF DEATH (Mo/Day/Year) 3a COUNTY OF DEATH				
PRINTIN PERMANENT	Ray I		MYERS		December 22, 2020 Douglas		
BLACK INK		SE DE ATUL DE HOSP	SPITAL OR OTHER INSTITUTION -Name (If not either, given				
		number)			Inpatient(Specify	0 1	N
ECEDENT	Gardnerville		Carson Valley Med	ical Center	la maio installa l	Inpatient	Male Male
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 RACE (Specify)		6. Hispanic Ongin? Specify No - Non-Hispanic	(Years)	MOS DAYS HO	URS I MINS	B DATE OF BIRTH (Mo/Dey/Yr)
	Whi		[î 77		L I	January 21, 1943
IF DEATH	9a. STATE OF BIRTH (If not US/C	A. 96. CITIZEN O	F WHAT COUNTRY 10 EDUCAT	ION 11 MARITAL STATE			(Lest name prior to first memage) riene DREWRY
OCCURRED IN	name country) Arkansas United States 12						
HANDBOOK REGARDING	To social second in the social second						
COMPLETION OF RESIDENCE	6529	Owner/Sales Man			ion Vehicles	Forces? No	
ITEMS	15a RESIDENCE - STATE 15	b COUNTY	15c. CITY, TOWN OR L	OCATION 15d. ST	REET AND NUMBER	The second of the second	LIMITS (Specify Yes
L,	Nevada	Douglas	Gardnerv	ille 3158	Bodie Road		or No) No
	16. FATHER/PARENT - NAME (FI	rst Middle Last Sul	lfix)	17. MOTHERA	PARENT - NAME (First M	lididle Last Suff	ix)
PARENTS	Ray T MYERS Etoile SEAY						
	18a INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)						
	Alberta Charlene MYERS 3158 Bodie Road Gardnerville, Nevada 89410						
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State						
SPOSITION	Crematio		- Walton	's Sierra Cremato	ory	Çarson	City Nevada 89706
	20a, FUNERAL DIRECTOR - SIGI	VATURE (Or Person A	cting as Such) 20b. FUNERA		ME AND ADDRESS OF FA		
	DENICE	PORTILLO	LICENSE NUI		Waltons Funerals &		
	SIGNATU	RE AUTHENTICA	TED FDE	72	1281 N Roo	p Carson City	/ NV 89706
RADE CALL	TRADE CALL - NAME AND ADDR	E\$9		\ \ \			1
CERTIFIER	to the cause(s) stated (Stgreen Control of C	TREVOR PHA Day/Yr) 21s 20	HOUR OF DEATH 19:19	ED Su at the time,	date and place and due to the TE SIGNED (Mo/Day/Yr) ONOUNCED DEAD (Mo/Day)	22c H	(Signeture & Title) FOUR OF DEATH RONOUNCED DEAD AT (Hour)
	23a NAME AND ADDRESS OF C	ERTIFIER (PHYSIC) Trevor Phan Mi	AN, ATTENDING PHYSICIAN, ME D≓ 1107 Highway 395 Ga	rdnerville. NV 89	9410		b LICENSE NUMBER 12765
REGISTRAR	24a. REGISTRAR (Signature)	BLAISE	SATARIANO:	Land a Brown Charles	ED BY REGISTRAR		E TO COMMUNICABLE DISEASI
.20.0		SIGNATURE A	LUTHENTICATED	(Midroaly 17) Dec	cember 30, 2020	YES	
CAUSE OF	PARTI Acute Hypoxic Respiratory Failure Weeks						
CONDITIONS IF	DUE TO, OR AS A CONSEQUENCE OF: (b) Adult Respiratory Distress Syndrome						Interval between onset and deat Weeks
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	DUE TO, OR AS A CONSEQUENCE OF: Multi-Johar Poeumonia						
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: Covid 19 Weeks						
/ /	PART II OTHER SIGNIFICANT Sepsis, Atrial Fibrillation	CONDITIONS-Condition	ons contributing to death but not r	esulting in the underlyl	ng cause given in Part 1	26. AUTÓP Yes or No)	SY (Specify 27, WAS CASE REFERRED TO CORONE NO (Specify Yes or No) NO
((284 ACC., BUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY	(Mo/Day/Yr) 28c, HOUR OF IN	JURY 28d. PESCRIB	E HOW INJURY OCCURRED		
/ /	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJU building, etc. (Specif	DRY- At home, farm, street, factor y)	y, office 28g LOCAT	ION STREET OR R	F.D. No. CIT	Y OR TOWN STATE
7.	N	/	/				





CERTIFIED COPY OF VITAL RECORDS

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

1/4/2021
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrary

