

RECORDING REQUESTED BY

DOUGLAS COUNTY, NV 2021-969376

Rec:\$40.00

Total:\$40.00

06/21/2021 09:10 AM

JANICE MOORE

Pgs=5

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME Janice L. Moore
STREET ADDRESS 1129 Spruce Street
CITY, STATE & ZIP CODE Gardnerville, NV 89410



KAREN ELLISON, RECORDER

TITLE ORDER NO.

ESCROW NO.

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN: 1320-32-612-017

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada

COUNTY OF Douglas

That Janice L. Moore, of legal age, being first duly sworn, deposes and says:

That Bobby J. Moore, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bobby J. Moore named as one of the parties in that certain Doc # 0639480 dated 3/18/2005 executed by Bobby J. Moore and Janice L. Moore to

as joint tenants, recorded as Instrument No. 0639480, on 3/18/2005 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of Gardnerville, County of Douglas, State of Nevada: (Insert legal description)

See Attached - Quit-Claim Deed For Legal

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 375,000.00

Dated this 15th day of June 2021

Janice L. Moore (Signature of affiant)
JANICE L. MOORE (Type or print full name of affiant)

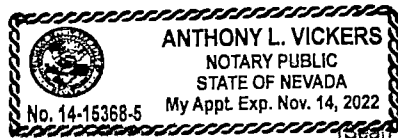
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of NEVADA
County of DOUGLAS

Subscribed and sworn to (or affirmed) before me on this 15th day of JUNE, 2021

by, JANICE L. MOORE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

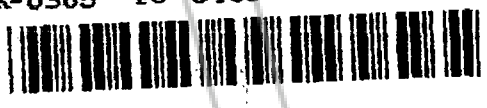
Anthony L. Vickers (Signature)



* There are various types of deed forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

Irwin Union Bank & Trust Co.
PO BOX 5075, San Ramon, Ca 94583-5075
***WHEN RECORDED MAIL TO:
Optima Information Solutions@ 1700
Carnegie Ave #200, Santa Ana, CA 92705
IRWIN

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0305 PG- 8469 RPTT: # 5



Bobby J Moore and Janice L Moore
1129 Spruce Street
Gardnerville, NV 89410
APN 1320-32-612-017

SPACE ABOVE THIS LINE FOR RECORDER'S USE

658-00164429
DOCUMENTARY TRANSFER TAX \$
___ Computed on full value of property conveyed, or
___ Computed on full value less value of liens and encumbrances remaining at time of sale,
___ Unincorporated area: ___ City of GARDNERVILLE

QUIT-CLAIM DEED

By this instrument dated FEBRUARY 17, 2005 for a valuable consideration, receipt of which is hereby acknowledged BOBBY J. MOORE AND JANICE L. MOORE, HUSBAND AND WIFE AS JOINT TENANTS WHO ACQUIRED TITLE AS BOBBY J. MOORE AND JANICE L. MOORE, HUSBAND AND WIFE AS JOINT TENANTS hereby remise, release and forever quit-claim to BOBBY J. MOORE AND JANICE L. MOORE, HUSBAND AND WIFE AS JOINT TENANTS all right, title or interest in the following real property situated in DOUGLAS county, NEVADA:

PLEASE SEE ATTACHED EXHIBIT "A" FOR COMPLETE LEGAL DESCRIPTION.

Bobby J Moore
BOBBY J. MOORE

Janice L Moore
JANICE L. MOORE

STATE OF NEVADA SS.
County of DOUGLAS

On this 17th day of February, 2005 before me, the undersigned notary republic personally appeared BOBBY J. MOORE AND JANICE L. MOORE known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/ their signature(s) on the instrument the person(s) of the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Robert D. McNeely
Notary Public

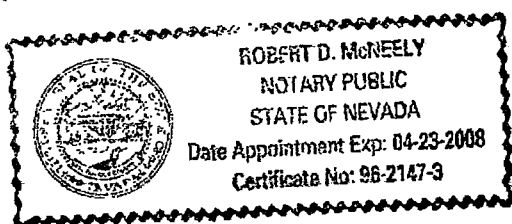


EXHIBIT "A"

LOT 1 AND THE EAST 10 FEET OF LOT 2, BLOCK C, AS SHOWN ON THE MAP OF THE WEST ADDITION TO THE TOWN OF GARDNERVILLE, RECORDED MARCH 14, 1958, IN BOOK 1 OF MAPS, DOCUMENT NO. 13016, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, BEING FURTHER DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF LOT 1, BLOCK C, AS SHOWN ON THE MAP OF THE WEST ADDITION TO THE TOWN OF GARDNERVILLE, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 14, 1958; THENCE NORTH 89 DEGREES 50 MINUTES 26 SECONDS WEST, A DISTANCE OF 74.00 FEET; THENCE NORTH 0 DEGREES 30 MINUTES EAST, A DISTANCE OF 113.14 FEET; THENCE SOUTH 89 DEGREES 30 MINUTES EAST A DISTANCE OF 74.00 FEET TO THE NORTHEAST CORNER OF SAID LOT 1; THENCE SOUTH 0 DEGREES 30 MINUTES WEST, A DISTANCE OF 112.75 FEET TO THE POINT OF BEGINNING .

PARCEL NO. 1320-32-612-017

Legal Description Continued

658-0001699314

Borrowers: BOBBY J. MOORE
JANICE L. MOORE

Property Address: 1129 SPRUCE STREET
GARDNERVILLE, NV 89410

AS SHOWN ON THE MAP OF THE WEST ADDITION TO THE TOWN OF GARDNERVILLE,
RECORDED MARCH 14, 1958, IN BOOK 1 OF MAPS, DOCUMENT NO. 13016, OFFICIAL
RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, BEING FURTHER DESCRIBED AS
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MAP OF THE WEST ADDITION TO THE TOWN OF GARDNERVILLE, FILED IN THE OFFICE OF
THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 14, 1958; THENCE
NORTH 89 DEGREES 50 MINUTES 26 SECONDS WEST, A DISTANCE OF 74.00 FEET; THENCE
NORTH 0 DEGREES 30 MINUTES EAST, A DISTANCE OF 113.14 FEET; THENCE SOUTH 89
DEGREES 30 MINUTES EAST A DISTANCE OF 74.00 FEET TO THE NORTHEAST CORNER OF
SAID LOT 1; THENCE SOUTH 0 DEGREES 30 MINUTES WEST, A DISTANCE OF 112.75
FEET TO THE POINT OF BEGINNING . PURSUANT TO NRS SECTION 111.312, THE ABOVE
LEGAL DESCRIPTION IS THE SAME PROPERTY CONVEYED IN DEED RECORDED 6/19/2001
AS INSTRUMENT NO. 0516725 IN BOOK 0601 PAGE 4817. PARCEL NO. 1320-32-612-017



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3942225

CERTIFICATE OF DEATH

2017003104

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) Bobby Joe MOORE		2. DATE OF DEATH (Mo/Day/Year) February 21, 2017		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 1129 Spruce St.		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) 85		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 06, 1932		9a. STATE OF BIRTH (if not US/CA, name country) Illinois		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) Janice SCHOPPMANN	
13. SOCIAL SECURITY NUMBER ██████████ 6613		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Career Military		14b. KIND OF BUSINESS OR INDUSTRY Us National Guard	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1129 Spruce St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Thomas MOORE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Armella CONGER		
18a. INFORMANT- NAME (Type or Print) Janice MOORE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1129 Spruce St Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) STEVEN L PHILLIPS M.D. 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) February 21, 2017		21c. HOUR OF DEATH 04:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502			
23b. LICENSE NUMBER 6596		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 2017		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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Chronic Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Pulmonary Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Chronic Obstructive Pulmonary Disease					
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) Yes		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	

STATE REGISTRAR

000062532



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: **2/27/2017**

Cody Phillips
SIGNATURE AUTHENTICATED

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

[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]

