

APN# 1420-28-310-027



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: JAMES ARGAST

Address: 2871 SAN GABRIEL DR

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: SAME

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AFFIDAVIT OF DEATH

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)

James E Argast  
Signature

JAMES E ARGAST  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT TERMINATING JOINT TENANCY**

State of Nevada )  
 ) ss.  
County of Douglas )

James E ARGAST being first duly sworn, deposes and says that affiant is over the age of 74 years and competent to be a witness as to the matters hereinafter stated.

That affiant is James E ARGAST the person named as James E ARGAST and CAROL A ARGAST, one of the grantees in that certain deed recorded on MARCH 26<sup>th</sup> 2001, as Document No. 0511062 in Book 0301, Page 6279, in the office of the County Recorder of Douglas County, Nevada.

That CAROL A ARGAST was one of the grantees named in said deed and was the identical person named as CAROL ANN ARGAST, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

SEE EXHIBIT A

James E Argast  
(SIGNATURE)

Subscribed and sworn to before me this 21 day of June, 2021

[Signature]  
Notary Public in and for said County and State



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

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

CASE FILE NO. 4177564

**CERTIFICATE OF DEATH**

2020024881  
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, SUFF. X) Carol Ann ARGAST		2 DATE OF DEATH (Mo/Day/Year) November 09, 2020		3a. COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCAT.ON OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst. indicate DOA, OP/Emer Rin Inpatient(Specify) Inpatient	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 74	
9a STATE OF BIRTH (if not US/CA, name country) New Jersey		9b CITIZEN OF WHAT COUNTRY United States		11 MARITAL STATUS (Specify) Married	
13 SOCIAL SECURITY NUMBER -3388		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 2871 San Gabriel		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) James ARGAST	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Thomas DANTE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Philamina CASTAGNO		
18a INFORMANT- NAME (Type or Print) James ARGAST		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 2871 San Gabriel Dr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		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) <b>SQUIRE D HEPWORTH MD</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) November 12, 2020		21c HOUR OF DEATH 10:24		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Squire D Hepworth MD 1600 Medical Pkwy Carson City, NV 89703				23b LICENSE NUMBER 18140	
24a REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 13, 2020		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) Acute On Chronic Hypoxic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c) Bacteremia DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(d) Pneumonia DUE TO, OR AS A CONSEQUENCE OF.				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. Chronic obstructive pulmonary disease, Dysphagia, Aspiration				26 AUTOPSY (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	
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	



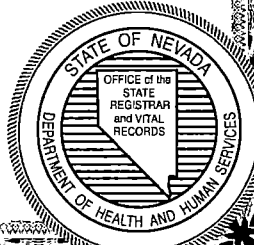
**CERTIFIED COPY OF VITAL RECORDS**

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: 12/18/2020

*Blaise Satariano*  
STATE REGISTRAR

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



**CORPORATION GRANT DEED**

**THIS INDENTURE WITNESSETH:** That **H & S CONSTRUCTION, INC.**, a Nevada corporation, for a valuable consideration, receipt of which is hereby acknowledged, do (es) hereby Grant, Bargain, Sell and Convey to **JAMES E. ARGAST and CAROL A. ARGAST**, husband and wife as community property and to the heirs and assigns of such Grantee forever, all that real property situated in the County of Douglas, State of Nevada, being Assessment Parcel No. **1420-28-310-027**, bounded and specifically described as follows:

All that certain lot, piece or parcel of land, situate in the County of Douglas, State of Nevada, described as follows:

**Lot 52, in Block C, as set forth on the map of SARATOGA SPRINGS ESTATES UNIT NO. 4, filed for record in the Office of the Douglas County Recorder on May 19, 2000, in Book 0500, Page 4445, as Document No. 492337, Official Records.**

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness my hand on this 22nd day of March, 2001.

**H & S CONSTRUCTION, INC.**

*Randall S. Harris*  
By: **Randall S. Harris, President**

State of Nevada

County of Douglas

On this 22nd day of March, 2001, before me a Notary Public in and for said County and State, personally appeared **RANDALL S. HARRIS, PRESIDENT** personally known to me (or 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 he/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entry upon behalf of which the person(s) acted, executed the instrument.

*Shari Crouch*  
Notary Public



WHEN RECORDED MAIL TO:  
AND MAIL TAX STATEMENTS TO:  
JAMES E ARGAST  
2871 SAN GABRIEL DRIVE  
MINDEN, NEVADA 89423

The Grantor (s) declare (s):

Documentary Transfer tax is \$292.50  
(XX) computed on full value of property

REQUESTED BY  
**MARQUIS TITLE & ESCROW, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 MAR 26 PM 3: 04

LINDA SLATER  
RECORDER

\$ 7.00 PAID kg DEPUTY

0511062

nv0001005270