

APN# 1420-29-710-014



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Ralph H. Hodges

Address: 1138 Country Club Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Ralph H. Hodges

Address: 1138 Country Club Dr.

City/State/Zip: Minden, NV 89423

Affidavit - Death of Joint Tenant

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

Ralph H. Hodges

Printed Name

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

APN: 1420-29-710-014

RECORDING REQUESTED BY:

Ralph H. Hodges
1138 Country Club Dr.
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Ralph H. Hodges
1138 Country Club Dr.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

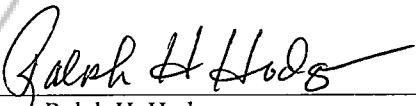
Ralph H. Hodges, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sharon Molenda Hodges named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 8, 2013, executed by Donald M. Walter and Sylvia A. Walter, husband and wife as community property to Sharon Molenda Hodges, and Ralph H. Hodges (surviving tenant), as husband and wife as joint tenants, and recorded on March 8, 2013, in Book 0313, at Page 2160, Document No. 0819661 of Official Records of Douglas County, State of Nevada, covering the following described real property in Minden, in said County, State of Nevada:

LOT 65, IN BLOCK G, AS SHOWN ON THE FINAL MAP #98-045-3 OF SARATOGA SPRINGS ESTATES UNIT NO. 3, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 23, 1998, IN BOOK 698, PAGE 5063, AS DOCUMENT NO. 442616, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

A.P.N. 1420-29-710-014


Dated: 7/27/2021



Ralph H. Hodges

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 21 day of July, 2021, by Ralph H. Hodges, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.



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. 4188849

CERTIFICATE OF DEATH

2021000050
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) Sharon Molenda HODGES		2. DATE OF DEATH (Mo/Day/Year) January 06, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) 1138 Country Club Drive		3e. If Hosp, or Inst, indicate DOA,OP/Emer Rm, Inpatient(Specify) Home	
4 SEX Female		5. RACE (Specify) White		6 Hispanic Origin? Specify No -Non-Hispanic	
7a AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) December 01, 1957		9a STATE OF BIRTH (If not US/CA, name country) Indiana		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) Ralph Hartman HODGES	
13. SOCIAL SECURITY NUMBER [REDACTED] 4581		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Consultant		14b KIND OF BUSINESS OR INDUSTRY Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1138 Country Club Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Francis J MOLEND A			17 MOTHER/PARENT- NAME (First Middle Last Suffix) Marilyn E HURLEY		
18a INFORMANT - NAME (Type or Print) Ralph Hartman HODGES		18b. MAILING ADDRESS - (Street or R F D No, City or Town, State, Zip) 1138 Country Club Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. GEMETERY 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	
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) REED DOPF MD 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) January 06, 2021		21c. HOUR OF DEATH 01:50		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) Reed Dopf 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) January 06, 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) 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 Biliary Duct 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.				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	

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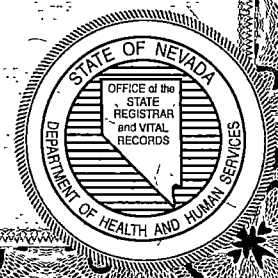
CERTIFIED COPY OF VITAL RECORDS

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: 1/7/2021

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE