

APN# 1420-33-410-036

DOUGLAS COUNTY, NV **2021-971630**  
Rec:\$40.00  
Total:\$40.00 **07/28/2021 02:25 PM**  
EVERGREEN NOTE SERVICING Pgs=5

**Recording Requested by:**

Name: Evergreen Note Servicing  
Address: 1021 Lakeside Dr #1503  
City/State/Zip: Reno NV 89511



KAREN ELLISON, RECORDER

**When Recorded Mail to:**

Name: William McGowan  
Address: 2145 W Kettleman Ln Apt 235  
City/State/Zip: Lodi, CA 95242

( for Recorder's use only )

**Mail Tax Statement to:**

Name: N/A  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Affidavit of Death of Joint Tenant  
**( Title of Document )**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.  
(Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 40.525 (5)  
(State specific law)

Kathryn Fritter  
Signature

Branch manager  
Title

Kathryn Fritter  
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN: 1420-33-410-036

RECORDING REQUESTED BY: WILLIAM J. MCGOWAN

WHEN RECORDED MAIL TO:

**Evergreen Note Servicing** 6121 Lakeside Dr Ste 150 Reno NV 89511

Acct No: 10900101633600

(Space Above This Line For Recordors Use) **AFFIDAVIT -  
DEATH OF JOINT TENANT**

Italy 1

**WILLIAM J. MCGOWAN**, of legal age, being duly sworn, **deposes  
and says:**

**That, PEGGY ANN MCGOWAN**, the decedent mentioned in the attached certified  
copy of Certificate of Death,

**is the same person as PEGGY ANN MCGOWAN** named as one of the parties  
in that certain **Deed of Trust dated October 27, 2009**

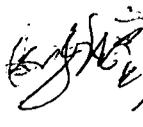
executed by **ROBERT CHERRY AND AVIS CHERRY** to **WILLIAM J. MCGOWAN AND  
PEGGY ANN MCGOWAN**, as joint tenants with rights of **survivorship**,  
**recorded as instrument No. 753049**, and Grant, Bargain and Sale Deed  
**recorded as instrument No. 753048 on**

**October 29, 2009**, in Book NA, Page N/A, of Official Records of **Douglas County**,  
Nevada, covering the following described property situated in the

**County of Douglas, State of Nevada:**

**Lot 43 as shown on that certain Subdivision Map entitled WILDHORSE ANNEX UNIT 2, a  
Planned Unit Development**, recorded in the office of the **Douglas County  
Recorder, State of Nevada on October 10, 1994**, in Book 1094 at Page 1490  
as Document No. 348105, Official Records.

**WILLIAM J. MCGOWAN**

  
7/21/21

STATE OF  
SS.  
COUNTY OF  
w

On  
before me, the undersigned, a Notary Public in an for the said County and State,  
personally appeared **WILLIAM J. MCGOWAN** who acknowledged that he executed the  
above instrument.

Notary Public

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

**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 California County of *San Joaquin*

On *July 21, 2021*  
before me, *Z Darrow*

*William J McGowan* <sup>JD</sup>

Notary Public **personally appeared** who 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)**, or the entity upon behalf of which the person(s)  
acted, executed the instrument.

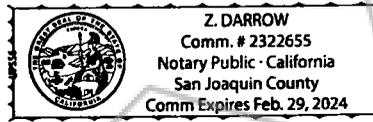
**I certify under PENALTY OF PERJURY under the laws of State of California that  
the foregoing paragraph is true and correct.**

WITNESS my hand and official seal.

**SIGNATURE**



PLACE NOTARY SEAL ABOVE



Notary Seal  
Notary Seal

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of attached document** Title or type of document: .

**Document Date:**

Number of Pages:

Signer(s) Other than Named Above:

COPIED

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



12654153

FILING DATE **JUL 24 2017** CERTIFICATE OF DEATH STATE FILE NUMBER **123-2017-056167**

DECEDENT'S LEGAL NAME (First, Middle, Last) <b>Peggy Ann McGowan</b>		2. SEX <b>Female</b>	3a. HOUR OF DEATH <b>4:00 PM</b>	3b. DATE OF DEATH (Month, Day, Year) <b>July 17, 2017</b>
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____				
5a. AGE AT LAST BIRTHDAY <b>78</b>	ONLY IF UNDER 1 YEAR 5b. MOS ; 5c. DAYS	ONLY IF UNDER 1 DAY 5d. HOURS ; 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) <b>September 16, 1938</b>	
7. BIRTH PLACE (State or Foreign Country) <b>California</b>		8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____		
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) (If hospital, also give ID number) <b>Southern Magnolia Estates</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>Golden</b>	9c. ZIP CODE <b>38847</b>	9d. COUNTY OF DEATH <b>Tishomingo</b>
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, Ed, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				
11. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		12. SURVIVING SPOUSE (If wife, give maiden name) <b>William Joseph McGowan</b>		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>
14. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____				
15. SOCIAL SECURITY NUMBER <b>0194</b>		16a. USUAL OCCUPATION (Kind of work done most of working life) <b>Clerk</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>Clerical</b>
17a. RESIDENCE - STATE <b>Mississippi</b>	17b. COUNTY <b>Tishomingo</b>	17c. CITY OR TOWN <b>Golden</b>	17d. ZIP CODE <b>38847</b>	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number) <b>267 Highway 366</b>
18. FATHER'S NAME (First, Middle, Last) <b>Watson Scofield</b>		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Flora Mae Waller</b>		
20a. INFORMANT - NAME (Type or print) <b>William Joseph McGowan</b>		20b. RELATIONSHIP TO DECEDENT <b>Husband</b>		20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>848 North Rainbow Blvd. #2624, Las Vegas, NV 89107</b>
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) <b>Cremation W.E. Peques Crematory</b>		21b. CEMETERY/CREMATORY - NAME <b>Salttillo, Ms.</b>		21c. LOCATION (City and State) <b>Kanover Deaton Hall 1788</b>
22a. FUNERAL HOME (Who first assumed custody of body) <b>Deaton Funeral Home</b>		22b. FUNERAL HOME LICENSE NUMBER <b>71D FE276</b>	22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P.O. Box 779, Belmont, Ms. 38827</b>	
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>Anna Steele, RN</b>		23b. PRONOUNCED DEAD (Month, Day, Year) <b>July 17, 2017</b>		23c. PRONOUNCED DEAD (Time) <b>4:00 PM</b>
24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print) <b>Stewart M. (Mack) Wilemon</b>		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>1804 Independence Sq. Iuka, MS 38852</b>		
25a. SIGNATURE <i>Stewart M. Wilemon</i>		25b. DATE SIGNED (Month, Day, Year) <b>July 18, 2017</b>		25c. STATE LICENSE NUMBER <b>Tishomingo CMEI</b>
25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) <b>Tishomingo CMEI</b>		25e. DATE SIGNED (Month, Day, Year) <b>July 18, 2017</b>		
26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or asystole without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS. Interval between onset and death				
IMMEDIATE CAUSE (final disease or condition resulting in death) → a) <b>Alzheimer's Disease</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. b) _____ DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
c) _____ DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
d) _____ DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <b>UTI</b>			28a. AUTOPSY (Yes or No) <b>No</b>	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) <b>Yes</b>
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		30. IF FEMALE, <input checked="" type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Unknown if pregnant within the past year		
31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <b>31a. IF TRANSPORTATION INJURY, SPECIFY</b> <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		31b. DATE OF INJURY (Month, Day, Year)	31c. TIME OF INJURY	31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
32. INJURY AT WORK (Yes or No)		32a. PLACES OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32b. LOCATION	32c. STATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



7/27/2017 *Judy Moulder*  
Judy Moulder  
STATE REGISTRAR

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