

DOUGLAS COUNTY, NV

2021-972313

Rec:\$40.00

\$40.00 Pgs=3

08/11/2021 08:24 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN: 1219-14-002-025

When Recorded Return to:

Anne Hadley Potter
2244 Foothill Rd, Unit 290
Genoa, NV 89411

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS

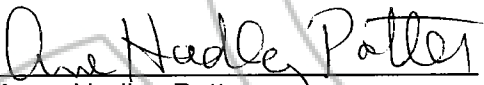
} ss:

Anne Hadley Potter, of legal age, being duly sworn, deposes and says

That Marilyn Helm Hadley, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Marilyn Helm Hadley named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 1, 2017 executed by Michael O. Melvin, an unmarried man to Marilyn Helm Hadley, an unmarried woman and Anne Hadley Potter, an unmarried woman, together as joint tenants with right of survivorship, recorded as Instrument No. 2017-895612, on March 7, 2017 in Book / Page / of Official Records of Douglas County, Nevada, covering the following described property.

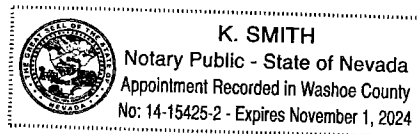
See Legal Description Attached as "Exhibit A"

Dated: July 20, 2021


Anne Hadley Potter

SUBSCRIBED AND SWORN TO before me on this 20th day of July, 2021.
By Anne Hadley Potter.


NOTARY PUBLIC



SPACE BELOW FOR RECORDER

LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.B &M., THENCE NORTH 59°48'28" EAST, 1,186.16 FEET TO THE NORTHWEST CORNER OF ASSESSOR'S PARCEL NO. 19-192-01 AS RECORDED IN THE DEED FOR HERBERT E. AND DORIS ESTABROOK, AS DOCUMENT NO. 80625, IN BOOK 575, ON PAGE 1091, DOUGLAS COUNTY, NEVADA, RECORDER'S OFFICE; THENCE ALONG THE EASTERLY RIGHT-OF-WAY OF FOOTHILL ROAD SOUTH 38°39'00" EAST, 205.24 FEET TO THE SOUTHWEST CORNER OF SAID ASSESSOR'S PARCEL; THENCE CONTINUING SOUTH 38°39'00" EAST, 15.00 FEET TO THE SOUTHWEST CORNER OF ASSESSOR'S PARCEL NO. 19-192-02 AS RECORDED IN BOOK 286, ON PAGE 463, AS DOCUMENT NO. 130539, THE POINT OF BEGINNING; THENCE CONTINUING ON THE EASTERLY RIGHT-OF-WAY OF FOOTHILL ROAD SOUTH 38°39'00" EAST, 115.00 FEET; THENCE NORTH 49°29'17" EAST, 390.48 FEET; THENCE NORTH 40°20'00" WEST, 109.11 FEET TO A POINT ON THE SOUTHERLY PROPERTY LINE OF SAID ASSESSOR'S PARCEL NO. 19-192-02; THENCE ALONG SAID PROPERTY LINE SOUTH 50°21'00" WEST, 387.13 FEET TO THE POINT OF BEGINNING.

APN: 1219-14-002-025

Document Number 687384 is provided pursuant to the requirements of NRS 111.312

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4217218

CERTIFICATE OF DEATH

2021013556
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marilyn Helm HADLEY		2. DATE OF DEATH (Mo/Day/Year) June 07, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer: Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 24, 1930		9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]-7470		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
TEACHER		SECONDARY SCHOOL		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 1441 Belford Road		15e. INSIDE CITY LIMITS? (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Herbert Clarence HELM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna Louise LEONARD		
18a. INFORMANT- NAME (Type or Print) Anne Hadley POTTER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1441 Belford Road Reno, Nevada 89509		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL C FICKE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD928		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Northern Nevada 8056 S. Virginia St, #3 Reno NV 89511	
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) DAVID C KURTMEN 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) June 09, 2021		21c. HOUR OF DEATH 04:04		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) David C Kurtmen MD 235 W 6th Street Reno, NV 89503				23b. LICENSE NUMBER 20097	
24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 09, 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				Interval between onset and death	
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Superior Vena cava Syndrome					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Diffuse Large B Cell Lymphoma					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Etiology Unknown					
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	

PARENTS

Cremation

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



000422518 **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.

DEPUTY REGISTRAR SIGNATURE AUTHENTICATED

DATE ISSUED: **6/11/2021** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

