

APN# 1220-16-310-059



Recording Requested by/Mail to:

Name: Jonathan Hanks

Address: 3501 Vista Grande Blvd C104

City/State/Zip: Carson City NV, 89701

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: Tammy Hanks

Address: 1284 Redwood Cir #3

City/State/Zip: Gardnerville NV, 89460

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)

Tammy E Hanks

Signature

Tammy E. Hanks

Printed Name

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

DOC # 776152
12/29/2010 10:27AM Deputy: SG
OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE MIN
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-1210 PG-6491 RPTT: 150.15



A.P.N.: 1220-16-310-059
File No: 143-2400992 (Rt)
R.P.T.T.: \$150.15

When Recorded Mail To: Mail Tax Statements To:
Douglas A Hanks and Tammy E Hanks
1284 Redwood Circle 3
Gardenville, NV 89460

GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Daniel A. Hochgurtel, a married man as his sole and separate property

do(es) hereby *GRANT, BARGAIN and SELL* to

Douglas A Hanks and Tammy E Hanks , husband and wife, as joint tenants

the real property situate in the County of Douglas, State of Nevada, described as follows:

**LOT 75, IN BUILDING J, AS SET FORTH ON THE MAP OF SEQUOIA VILLAGE
TOWNHOUSE-1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF
DOUGLAS COUNTY, NEVADA, ON NOVEMBER 14, 1979, AS DOCUMENT NO. 38712,
AND AS CORRECTED BY CERTIFICATE OF AMENDMENT RECORDED JULY 14, 1980, AS
DOCUMENT NO. 46136.**

Subject to

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Date: 09/16/2010

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4207804

CERTIFICATE OF DEATH

2021009594

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) Douglas Allen HANKS		2. DATE OF DEATH (Mo/Day/Year) April 09, 2021		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 number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 08, 1943		9a. STATE OF BIRTH (If not US/CA, name country) Maryland		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Tammy Estella OLDDHAM	
13. SOCIAL SECURITY NUMBER ██████████ 8628		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) GROCERY CLERK		14b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1284 Redwood Cir #3		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Milton Edward HANKS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pansy DIX		
18a. INFORMANT- NAME (Type or Print) Tammy Estella HANKS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1284 Redwood Cir #3 Gardnerville, Nevada 89460			
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) CARLEN THOMAS 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) ZACHARY D HICKMAN 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) ZACHARY D HICKMAN SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) July 23, 2021		21c. HOUR OF DEATH 21:59		22b. DATE SIGNED (Mo/Day/Yr) April 09, 2021	
22c. HOUR OF DEATH 21:59		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 09, 2021		22e. PRONOUNCED DEAD AT (Hour) 21:59	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423		23b. LICENSE NUMBER			
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 23, 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) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypoxic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Septic Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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) 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	



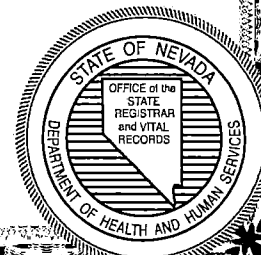
CERTIFIED COPY OF VITAL RECORDS

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: 9/3/2021

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE