09/28/2021 11:27 AM TAMMY HANKS APN# 1220-16-310-059 Recording Requested by/Mail to: KAREN ELLISON, RECORDER Name: <u>Jonathan Hanks</u> Address: 3501 Vista Grounde Blud Cloy City/State/Zip: Carson City No, 89701 **Mail Tax Statements to:** Name: Tammy Hanks City/State/Zip: GARdnerville NV. 87460 AFFidant 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)

This document is being (re-)recorded to correct document #_

DOUGLAS COUNTY, NV

______, and is correcting

Rec:\$40.00

Total:\$40.00

2021-974672

Pgs=5

STATE OF Nejvara Affidavit of Death
COUNTY OF Dauglas
I, Tammy Hnn Sresiding at 1284 Reduxol Cit #3, Orand nerville, Neu 89460, being of legal age, depose and say that:
That Douglas A Hanks.
evidence by a certified copy of that Certificate of Death, attached hereto;
That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;
That no proceeding is being or has been conducted in Court for administration of the descendant's estate.
Oath of Affirmation: See attached docments for reagal Discribition.
I certify under penalty of perjury under <u>Nevace</u> law that I know the contents of this Affidavit signed by me and that the statements are true and correct.
Signed and sworn to before me on 9/28/2021 by Sammy E. Hanks.
STATE OF Webala , COUNTY OF Douglas , ss:
Ben Carlon Notary Public
GERI CARLSON NOTARY PUBLIC STATE OF NEVADA APPT. No. 10-3730-5 MY APPT. EXPIRES OCTOBER 2, 2022 Title (and Rank)

My commission expires Oct 2, 2022

A.P.N.:

1220-16-310-059

File No:

143-2400992 (Rt)

R.P.T.T.:

\$150.15

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

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

776152 Page: 2 of 2 12/29/2010

Daniel A. Hochgurtel

STATE OF NEVADA): ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on 12/22 Daniel A. Hochgurtel, a married man as his sole and separate property.

Notary Public
(My commission expires: 4/0)/

RISHELE L. THOMPSON

Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-54931-5 - Expires April 10, 2011

This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **September 16, 2010** under Escrow No. **143-2400992**.



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

			- 0					(r	
CASE FI	CASE FILE NO. 4207804			CERTIFICATE OF DEATH				2021009594				
TYPE OR	1a DECEASED-NAME (FIRST					·	STATE FILE NUMBER					
PRINT IN PERMANENT	Dougla	HANKS PITAL OR OTHER INSTITUTION -Name(if not either, give s			l .	2. DATE OF DEATH (Mo/Day/Year) April 09, 2021 Street ar 3e If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. 4 SEX						
BLACK INK					ve street arl3e if Hosp							
	Gardnerville		Carson Valley Medical Center Inpatient(Specify) Emergency Room / Outpatient							1		
DECEDENT	5 RACE (Specify)	6. Hispanic Origin? Specify 7a. AGE-Last birthday 7b				a) 7b, UNDER 1 YEAR	Zc. UNDER 1	DAY 18 DAT	E OF BIRTH	Male Male		
	[W	No - Non-Hispanic (Years)				MOS DAYS	HOURS M	INS I	October 08			
IF DEATH OCCURRED IN INSTITUTION SEE	9a STATE OF BIRTH (If not US	DF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATUS				US (Specify) 12. SUR	S (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)					
HANDBOOK	name country) Marylan 13. SOCIAL SECURITY NUMBE	d States 12				. Tallitty Estella GEBTIANI						
REGARDING COMPLETION OF	-8628	CCUPATION (Give Kind of Work Done During Most of GROCERY CLERK					14b KIND OF BUSINESS OR INDUSTRY GROCERY STORE Ever in US Armed Forces? No					
RESIDENCE ITEMS	15a. RESIDENCE - STATE	15b COUNTY		CITY, TOWN OR L		15d S3	REET AND NUMBER	CERT SIC	JRE	15e. IN	ISIDE CITY	
\sqsubseteq	Nevada	Douglas		Gardnery	ille	1284	4 Redwood Ci	±3		LIMITS or No)	(Specify Yes Yes	
PARENTS	16 FATHER/PARENT - NAME						PARENT - NAME (FIR		t Suffix)			
		filton Edward HA	NKS					Pansy D.	X		N	
	18a INFORMANT-NAME (Type	or Print) Stella HANKS		18b. MAILING ADD			R.F.D No, City or Town		1 00 40			
			/) 19b CEME	TERY OR CREMA	12 TORY - N	284 RedW	vood Cir #3 Gardr	19c LOCATI			tate	
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY C					Cremat	ory		- 2	Nevada 89		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY											
	CARLEN THOMAS LICENSE NUMBER Walton's Funerals and Cremations SIGNATURE AUTHENTICATED FD861 1521 Church Street Gardnerville NV 89410											
TRADE CALL	TRADE CALL - NAME AND ADD	URE AUTHENTICAT	ED	1.00	01	7%	1521 Churc	n Street Gar	rdnerville i	V 89410		
TO ADE OTTE	≥ ₹ 21a To the best of my kn	owledge, death occurred	at the time, da	ate and place and d	ue È ii	22a, On the	a basis of examination an	Vor investigation	n. in my opinio	n death occur	red	
	1 To to the equac(a) stated (Circustum 9 Tills) :					at the time, date and place and due to the cause(s) stated (Signature & Title) ZACHARY D HICKMAN SIGNATURE AUTHENTICATED						
CERTIFIER	21b DATE SIGNED (Mo	HOUR OF DE	UR OF DEATH Death at the time, date and the time,			E SIGNED (Mo/Day/Yi						
	lő É				July 23, 2021			21:59				
	윤 문 21d. NAME OF ATTEND 일 (Type or Print)	ING PHYSICIÁN ÍF OTHI	ER THAN CE	RTIFIER					22e. PRONOUNCED DEAD AT (Hour)			
	23a, NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN	I. ATTENDING	3 PHYSICIAN MEI			April 09, 2021	Print)	23h LICE	21:59 NSE NUMBE		
		P.O. Box 21	ox 218 Minden, NV 89423						.rx			
REGISTRAR	24a. REGISTRAR (Signature)	SATARIA		24b DATE RECEIVED BY I					DUE TO COMMUNICABLE DISEASE			
	25. IMMEDIATE CAUSE	SIGNATURE AU			1. 1.	,,,,	July 23, 2021		YES 📋	ио Х		
CAUSE OF DEATH	PART I Cardiac A	(ENTER ONLY ONE C	AUSE PER L	INE FOR (a), (b), A	ND (c))				Interva	! between on:	iset and death	
DEATH	(4)	S A CONSEQUENCE OF			-				Interva	l hetween on	set and death	
CONDITIONS IF	_(b) Hypoxic I	Respiratory Fai	lure		/	/				T DOTT COTT	oct and opan	
GAVE RISE TO IMMEDIATE		S A CONSEQUENCE O	N.,	,	7				Interva	l between on	set and death	
STATING THE >	(c) Septic Pneumonia											
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:									set and death		
	(d) PART JI OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specifizz, was case										A DE	
1 /	PART JI OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Yes or No) No (Specify Yes or No) Yes) TO CORONER	
	28aACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mc	/Day/Yr)	Pay(Yr) 28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED			1,, (Yes	
\ \	OK PENDING INVEST. (Specify)		1									
1 1	28e. INJURY AT WORK (Specify	28f. PLACE OF INJURY	Y- Athama fa	Im street footon	office in	g, LOCATIO	ON STREET OR	DED No.	OITY OD 70		DT	
	Yes or No)	puilding, etc. (Specify)	r-Artione, ia	um, suecu, iacitiry,	UII/UE 28	y, LUCATI	ON STREET OR	N.F.D NO.	CITY OR TO	MAIN	STATE	





CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

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.

