

A.P.N.: ~~21-201-13~~ ¹⁴²⁰⁻³⁴⁻⁴¹⁰⁻⁰¹¹ ₂₀

RECORDING REQUESTED BY:

Janalyn Ferguson
2638 Kayne Ave.
Minden, NV 89423



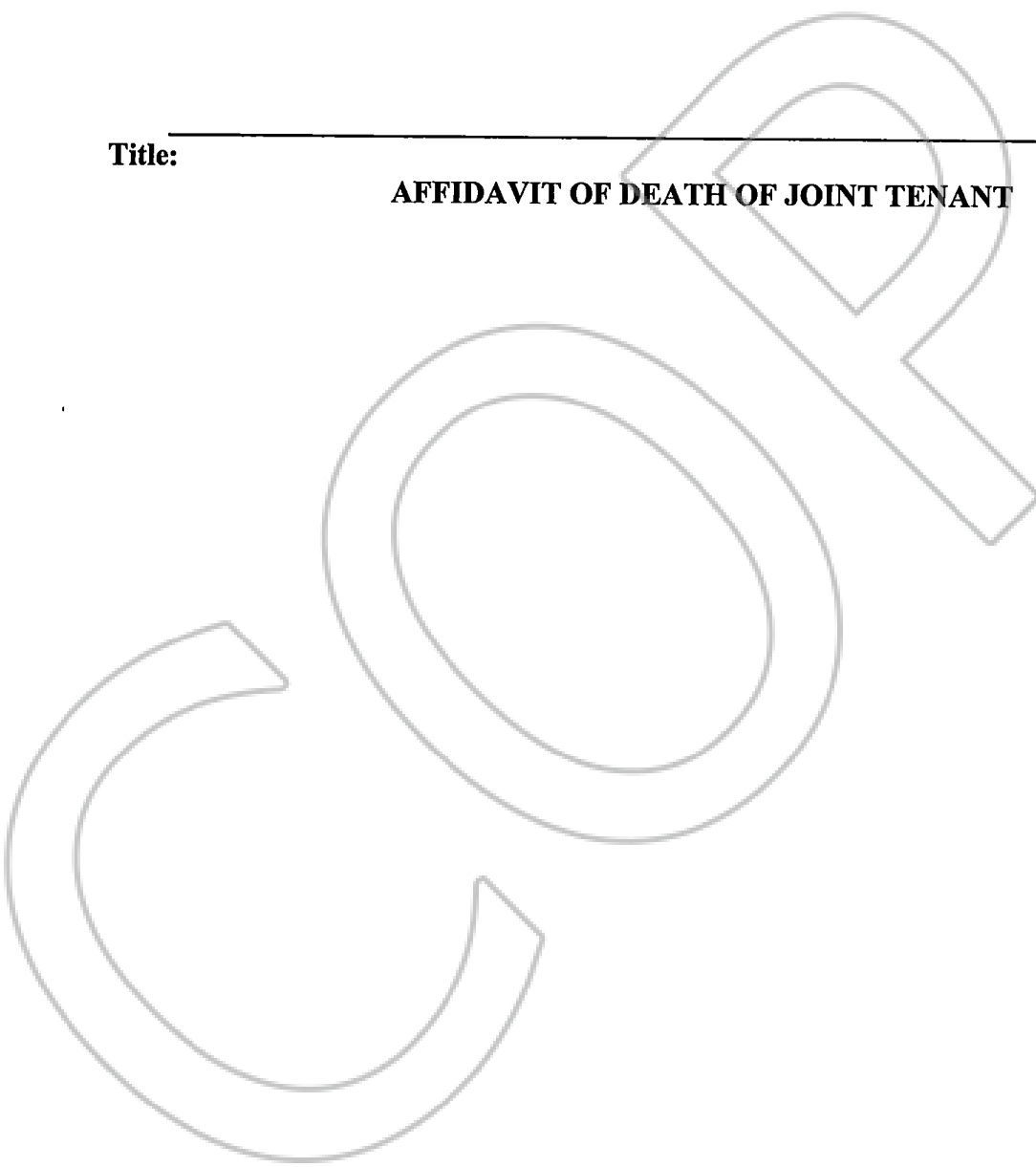
KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO:

Same as above.

Title: _____

AFFIDAVIT OF DEATH OF JOINT TENANT



A.P.N.: 21-201-13

RECORDING REQUESTED BY:

Janalyn Ferguson
2638 Kayne Ave.
Minden, NV 89423

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO:**

Same as above

AFFIDAVIT OF DEATH OF JOINT TENANT

Janalyn Ferguson, of legal age, spouse of decedent named below, first being duly sworn, deposes and says:

That JOHN R. FERGUSON, the decedent mentioned in the attached certified copy of Certificate of Death, who died on SEPTEMBER 24, 2007 at Washoe County, Nevada, is the same person as JOHN R. FERGUSON, named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 31, 1988 executed by Gerald Ogg and Rhonda E. Ogg, to John R. Ferguson, and Janalyn Ferguson, husband and wife as joint tenants, with right of survivorship, recorded as Document #175481 of Official Records of Douglas County, Nevada, covering the following described real property in the County of Douglas, State of Nevada:

Lots 14 in Block 51 of, Re-subdivision of portions of ARTEMESIA SUBDIVISION, filed in the office of the county recorder of Douglas County, Nevada on April 23, 1962, as Document No. 19909, of Official Records.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS,

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: November 4, 2021



JANALYN FERGUSON

ACKNOWLEDGMENT

State of Nevada

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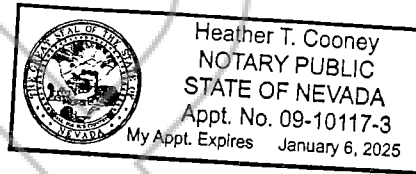
}ss.

County of Carson City

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On November 4, 2021, before me, Heather Cooney , a notary public, personally appeared Janalyn Ferguson (here insert name of principal), personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Heather Cooney
(Signature of Notary Public)



SEAL

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2007007564

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST John			1b. MIDDLE FERGUSON			1c. LAST FERGUSON			2. DATE OF DEATH (Mo/Day/Year) September 24, 2007			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) Renown Regional Medical Center						3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Male					
DECEDENT	5. RACE-(e.g., White, Black, American Indian), (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 53			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) December 20, 1953		
	9a. STATE OF BIRTH (If not U.S.A., name country) Bermuda			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Janalyn BOULDIN					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████-5317			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed						14b. KIND OF BUSINESS OR INDUSTRY Construction								
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 2638 Kayne Avenue			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
PARENTS	16 FATHER - NAME (First Middle Last Suffix) Lawrence Ray FERGUSON									17 MOTHER - NAME (First Middle Last Suffix) Doris Evelyn SIMS								
	18a. INFORMANT - NAME (Type or Print) Janalyn FERGUSON						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2638 Kayne Avenue Minden, Nevada 89423											
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens			19c. LOCATION City or Town State Reno Nevada 89503											
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH BOWMAN SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 806			20c. NAME AND ADDRESS OF FACILITY Final Wishes 437 Stoker Avenue Reno NV 89503											
TRADE CALL	TRADE CALL - NAME AND ADDRESS																	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) ELLEN G.I. CLARK M.D. 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) ELLEN G.I. CLARK M.D. SIGNATURE AUTHENTICATED											
	21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) September 26, 2007			22c. HOUR OF DEATH 02:45								
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) September 24, 2007			22e. PRONOUNCED DEAD AT (Hour) 02:45								
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520									23b. LICENSE NUMBER 5850								
REGISTRAR	24a. REGISTRAR (Signature) Laura Daniels SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2007			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).)																	
CAUSE OF DEATH	PART I (a) Hepatic and renal failure						Interval between onset and death											
	DUE TO, OR AS A CONSEQUENCE OF: (b) Complications of blunt force motorcycle crash trauma						Interval between onset and death											
	DUE TO, OR AS A CONSEQUENCE OF: (c) Hepatic cirrhosis; hepatitis "C"; stasis dermatitis						Interval between onset and death											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II Hepatic cirrhosis; hepatitis "C"; stasis dermatitis						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) ACCIDENT			28b. DATE OF INJURY (Mo/Day/Yr) September 05, 2007			28c. HOUR OF INJURY 0339			28d. DESCRIBE HOW INJURY OCCURRED Operator of motorcycle that crashed								
	28e. INJURY AT WORK (Specify Yes or No) No			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Roadway			28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE US-395 at Mica Street Carson City Nevada											

STATE REGISTRAR

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

DATE ISSUED:

SEP 27 2007

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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VRS-Rev.