WOODBURN & WEDGE

Total:\$40.00

11/17/2021 02:26 PM

Pas=6

APN 1418-34-211-004

When Recorded, Mail To:

Woodburn and Wedge S. Timothy Summers, Esq. 6100 Neil Road, Suite 500 Reno, Nevada 89511

Mail Tax Statements To:

Susan H. Hayes, Executor Estate of Francine H. Gilman 22714 20th Drive, S.E. #G304 Bothell, WA 98021



KAREN ELLISON, RECORDER

This document includes a certified death certificate as required by NRS 40.525(5), which contains a social security number as required by NRS 440.380(1)(a).

AFFIDAVIT TERMINATING JOINT TENANCY

State of Washington)	
) ss:	
County of Snohomish)	

Susan H. Hayes, being duly sworn, deposes and says:

That Affiant is over the age of 21 years and competent to be a witness to the matter hereinafter set forth.

That Affiant is the surviving daughter of Francine H. Gilman, deceased ("Decedent").

That Decedent is the person named as Francine H. Gilman, joint tenant, one of the two grantees on that certain Grant, Bargain, Sale Deed ("Deed") recorded in the Office of the County Recorder of Douglas County, State of Nevada, on July 2, 2002, being Document No. 0546290, wherein John D. Gilman and Francine H. Gilman, husband and wife as joint tenants, were named as grantees to all that real property located in Douglas County, Nevada, described as follows:

Lot 59, of LAKERIDGE ESTATES NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 13, 1957, in Book 1 of Maps, Page 114, as Document No. 12301.

Commonly known as: 200 Sugar Pine Circle, Zephyr Cove, Nevada 89448

That John D. Gilman was one of the grantees named in said Deed, and that John D.

Gilman is the identical person named as John D. Gilman, the decedent in that Death Certificate, a certified copy of which is attached hereto as Exhibit "A" and made part hereof. as if set forth in full, verbatim. That John D. Gilman died on June 9, 2021.

That Francine H. Gilman was one of the grantees named in said Deed, and that Francine H. Gilman is the identical person named as Francine H. Gilman, the decedent in that Death Certificate, a certified copy of which is attached hereto as Exhibit "B" and made part hereof, as if set forth in full, verbatim. That Francine H. Gilman died on August 17, 2021.

That Affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Dated this 1Hh day of November 2021.

Susan H. Hayes

State of Washington

) ss.

County of Snohomish

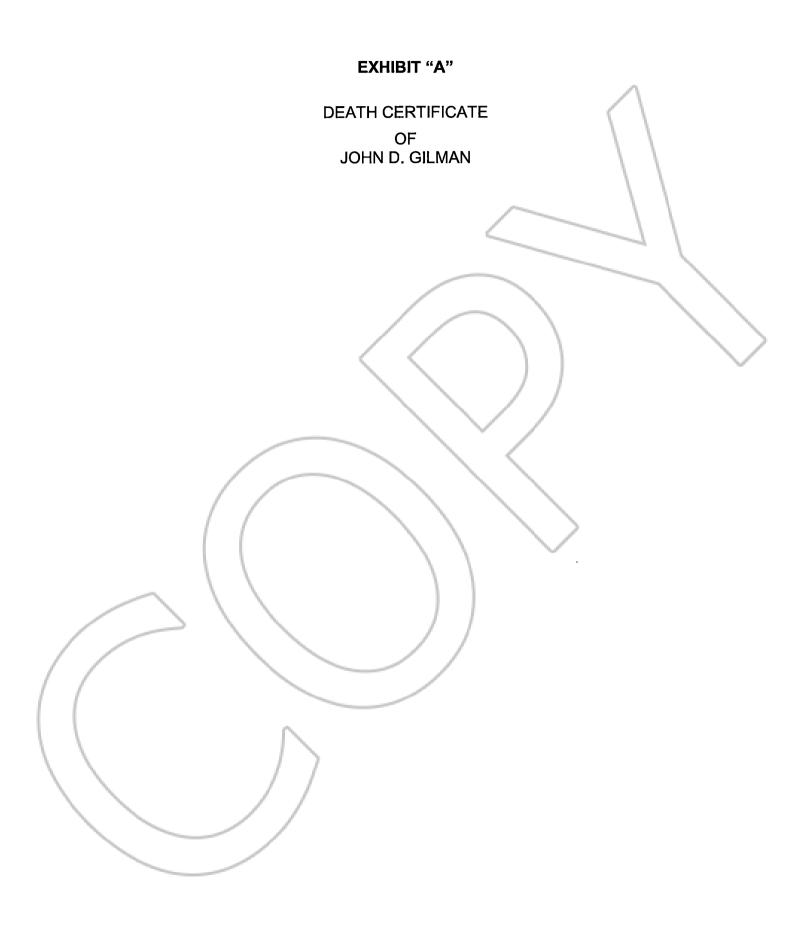
This instrument was acknowledged before me on November 1774, 2021, by Susan H.

AVID HEIE

Hayes.

Notary Public

Page 2 of 4





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

CASE FI	ILE NO. 4217899		CER	IIFICATE	OF DEA	1 17			:101393		
TYPE OR	1a. DECEASED-NAME (FIRST,	MIDDLE LACT CLICEN	lo DATE				STATE FILE NUMBER				
PRINT IN PERMANENT	John	GILMAN 2. DAT				E OF DEATH (Mo/Day June 09, 2021	/Year)	3a. COUNTY OF DEATH Douglas			
BLACK INK	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSF	PITAL OR OTH	HER INSTITUTION -	er, give street a	ard 3e. If Hosp. or Inst. i	indicate DO	A.OP/Emer. Rm.	4. SEX		
DECEDENT	Zephyr Cove		200 Sugar Pine		Inpatient(Specify)	Home	1 1	Male			
	5. RACE (Specify) Wr	6. Hispanic O No - N	origin? Specify Ion-Hispanic	MOS	DER 1 YEAR 7c. UNI	RTH (Mo/Day/Yr)					
IF DEATH	9a. STATE OF BIRTH (If not US/	89 SWHAT COUNTRY 10 EDUCATION 11 MARITAL STATU				L 12 EURIO CO	DOLLOSIO MAN	November 05, 1931			
OCCURRED IN INSTITUTION SEE HANDROOK	name country) Colorado	d States 16 Marrie			Married	in the second se		AME (Last name prior to first marriage) e STELLITANO			
REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER	CCUPATION (Give Kind of Work Done During Most of				14b, KIND OF BUSINESS OR INDUSTRY Ever in US Am					
RESIDENCE ITEMS	-3865 15a. RESIDENCE - STATE 15b. COUNTY			Sales CITY, TOWN OR LO	CATION 145	id. STREET AN	INSUR	ANCE		rces? Yes	
Ĺ	Nevada	Douglas	1,50.	Zephyr Co	100000		Pine Circle		LII	Se. INSIDE CITY MITS (Specify Yes No) No	
>	16. FATHER/PARENT - NAME (fix)	Zeptivi Co			- NAME (First Middl	e Last Sir		, ING	
PARENTS	· ·	ra Neason GILN	,				Mary Ru		•	1	
	18a. INFORMANT- NAME (Type	,		18b. MAILING ADD	RESS (Stree	t or R.F.D. No,	City or Town, State, 2	Zip)			
	Susan HAYES					Oth Dr S E #	#G304 Bothell, V				
DISPOSITION	19a. BURIAL, CREMATION, REM Cremation	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEI			rory - NAME s Sierra Cre	matoni	19c. L		ON City or Town State		
	20a, FUNERAL DIRECTOR - SIG		cting as Such)	75	7%	-	ADDRESS OF FACIL		City Nevada	3 89706	
		SMOLENSKI	curiy as oucry	LICENSE NUM	BER		is Funerals & Cre		Chapel of the	e Vallev	
		URE AUTHENTICAT	ED	FD2	7	L 15	1281 N Roop				
TRADE CALL	TRADE CALL - NAME AND ADD			-		\sqrt{Z}					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED A the time, date and place and due to the cause(s) stated. (Signature & Title) **ELLE L BROGAN MD 21b. DATE SIGNED (Mo/Day/Yr) June 11, 2021 21c. HOUR OF DEATH O9:18 22d. DATE SIGNED (Mo/Day/Yr) 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONQUINCED DEAD (Mo/Day/Yr) 22e. PRONQUINCED DEAD AT (H)								ccurred e)		
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) 21c. HO			09:18 S H			D (Mo/Day/Yr)	22c. f	. HOUR OF DEATH		
	은뜽 (Type or Print)			The state of the s	76.	7%	PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hou				
	23a. NAME AND ADDRESS OF C			G PHYSICIAN, MED 1155 Mill St Re			NER) (Type or Print)	23	Bb. LICENSE NUI		
DECICED 4 D	24a. REGISTRAR (Signature)	BLAISE S			24b. DATE RE		GISTRAR 124c	DEATH DU	600	ICABLE DISEASE	
REGISTRAR		SIGNATURE AL		-	(Mo/Day/Yr)	June 14	76	YES			
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE C	CAUSE PER L	INE FOR (a), (b), Al	ND (c).)	1	·		Interval between	n onset and death	
DEATH	PARTI (a) Acute Left Side Cerebral Vascular Accident										
CONDITIONS IF	ANY WHICH GAVE RISE TO IMMEDIATE DUE TO, OR AS A CONSEQUENCE OF: IMMEDIATE Critical A ortic Valve Stanosis Interval between onset								Interval between	n onset and death	
GAVE RISE TO IMMEDIATE CAUSE STATING THE >								n onset and death			
UNDERLYING CAUSE LAST		A CONSEQUENCE OF	F:						Interval betwee	n onset and death	
///	PART II OTHER SIGNIFICANT O	CONDITIONS-Condition	s contributing	to death but not res	ulting in the unde	erlying cause g	iven in Part 1.	26. AUTOP	SY (Specifizy, w.	AS CASE RRED TO CORONER	
/ /		7	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the					Yes or No)	No (Specif	RRED TO CORONER fy Yes or No) NO	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (M	o/Day/Yr)	28c. HOUR OF INJU	RY 28d. DESC	CRIBE HOW INJU	RY OCCURRED		,		
\ \	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJUR	Y-At home, fa	ırm, street, factory, c	office 28g. LOC	CATION	STREET OR R.F.D. N	lo. CITY	OR TOWN	STATE	





DATE ISSUED:

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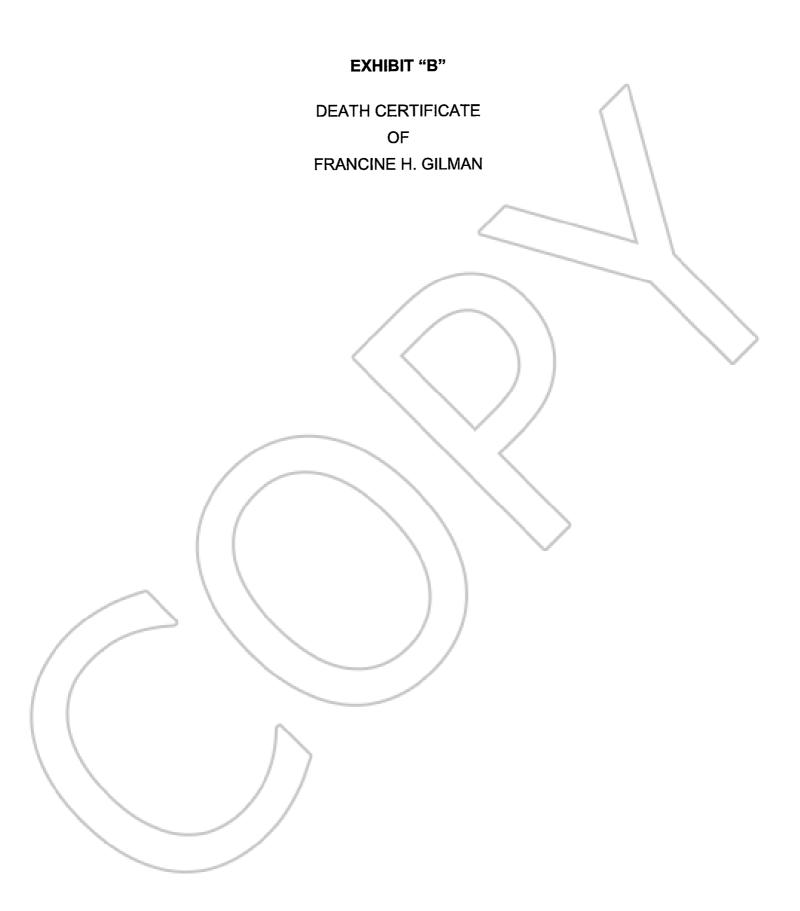
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

6/17/2021

STATE REGISTRAR

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

CASE FILE NO. 4230775

CERTIFICATE OF DEATH

2021019782

TYPE OR	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)						2. DATE OF DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH					
PRINT IN PERMANENT	Francine Helen GILMAN											
BLACK INK						August 17, 2021 Douglas						
, DE (D)	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street arl3e, If Hosp, or Inst, indicate DOA, OP/Emer Rm							4. SEX				
.4 Di	Glenbrook	number)		Pine Cir.		Inpat	lient(Specify)		1	, SEX ,		
DECEDENT	5. RACE (Specify)							Home		Female		
् श	1		lispanic Origin? Specify No - Non-Hispanic	/a. AGE	-Last birthday	7b. UNDER 1	YEAR 7c. UND	R 1 DAY 8, [DATE OF BIRT	H (Mo/Day/Yr)		
3	W	/hite	Mo - Mon-Lisbanic	(Years)	89	MOS DAYS HOURS MINS September 26, 19						
IF DEATH	9a. STATE OF BIRTH (If not US	/CA. 9b. CITIZEN OF W	HAT COUNTRY 10.EDU	CATION 11. M	ARITAL STATUS	(Specify) 1	2. SURVIVING SP	OUSE'S NAME (L	ast name prior to f	mt marriage)		
IF DEATH OCCURRED IN INSTITUTION SEE	name country) New Yor	rk United S	States	2	Widowe	ed - ″		a court of the court of the	zor name price to i	ust marriage)		
HANDBOOK	13. SOCIAL SECURITY NUMBER	R 142 USUAL OCCI	JPATION (Give Kind of V	ladi Dana Dusi	an Market	1244 16115 6	E DUIDNIEGO -	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original Property and Name of Stree				
REGARDING COMPLETION OF	-7873	1748. 000/AE 000C			rig wost or	140. KIND C	F BUSINESS C			in US Armed		
RESIDENCE ITEMS		LEL COLUMN	HOMEMA				OWN H	OME		es? No		
, III.	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN	R LOCATION	15d. STR	EET AND NUN	BER	The state of the s	15e. /	INSIDE CITY S (Specify Yes		
≗ –	Nevada	Douglas	Glenb	rook	200.5	ugar Pin	o Cir	The second second	or No) No		
	16. FATHER/PARENT - NAME	(First Middle Last Suffix)	910/12				(First Middle	Last Suffix)	7	140		
PARENTS		stian Francis STELL	ITANO		. WOTT (CTO) A	Process - Landial		•	The same of the sa	N		
3 3	18a, INFORMANT- NAME (Type			ADDRESS		1	Hele		7	76		
e e		elen HAYES	18b. MAILING	ADDRESS		76.	Town, State, Zi		- N			
(a)					P.O. Box	1972 Zeph	yr Cove, Ne	<u>vada 89448</u>	<u>. </u>	\ /		
g Diopogram	19a. BURIAL, CREMATION, RE						19c. LC	CATION Cit	y or Town S	State		
DISPOSITION	Cremat			ton's Sierra	Cremator	у		Carson Cif	ty Nevada 8	39706		
3	20a. FUNERAL DIRECTOR - SIG	GNATURE (Or Person Acting	as Such) 20b. FUN	RAL DIRECTO	OF 20c, NAME	E AND ADDRE	SS OF FACILIT	·				
ý.	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY UCICENSE NUMBER Waltons Funerals & Cremations-Chapel of the Valley											
\$ 5	SIGNAT	URE AUTHENTICATED	1	D861	N.,		1 N Roop C			vancy		
TRADE CALL	TRADE CALL - NAME AND ADD	RESS		-		-			00700			
গ্ৰা স	7 00 7 10 10 10 10 10 10 10 10 10 10 10 10 10											
ĝi ĝi	21a. To the best of my known to the cause(s) stated.(Signal of the cause)	gnature & Title) SIGN	ATURE AUTHENTIC	ATED 2	at the time da	asis of exeminal	d due to the caus	gation, in myopi	nion death occu	лred		
g G	to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED Description of the cause(s) stated. (Signature & Title) REED DOPF MD											
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH											
4 63%	\$\begin{align*} \begin{align*} August 18, 2021											
3t 3t	1 m S 22d PRONOUNCED DEAD AND LEAD AT ALL AND											
SI .	은 병 (Type or Print)											
in S	23a. NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, AT	TENDING PHYSICIAN,	MEDICAL EXA	MINER, OR C	CORONER) (Ty	vne or Print)	23h I I	CENSE NUMB			
	/	Reed Dopf MD 907	Mountain Street	Carson City	. NV 8970	03	, po or training	200. 21	13920			
REGISTRAR	24a. REGISTRAR (Signature)	BLAISE SAT				BY REGISTR	AR 24c. 0	DEATH DUE TO				
, KEOIOTIKAK		SIGNATURE AUTH		(Mo/Day/	na silii	ust 20, 202	Maria de la companya	YES		XI		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE CAUS		\ ANID (c) \	, lug	401 20, 202	<u>''</u>					
2	PARTI Rechirate	ry Arrest	L. LIVENIL I OIV (a), (I), AND (C).)				Inte	rval between o	nset and death		
DEATH												
		S A CONSEQUENCE OF:	·				1	Inte	rval between o	nset and death		
CONDITIONS IF	(b) Acute Re	spiratory Failure		/	/			į				
GAVE RISE TO IMMEDIATE		S A CONSEQUENCE OF:						I Inte	rval between or			
	(c) Probable	Dementia			/			1 1110	val between O	ilset and death		
STATING THE >	DUE TO, OR AS	S A CONSEQUENCE OF:	V	_	/							
CAUSE LAST	Atherosol	erotic Cerebrovas	scular Disease		F			inte	rval between o	nset and death		
1 / /	(d) Atherosclerotic Cerebrovascular Disease											
3 / /	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specil 27. WAS CASE Obstructive Lung Disease Yes or No) REFERRED TO CORONER											
	(Specify Yes of No).											
	28a, ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b, DATE OF INJURY (Mo/Day	Yr) 28c. HOUR OF	NJURY 28d	I. DESCRIBE HO	W INJURY OCC	URRED	<u>IN</u> 0		No		
\$	OK PENDING INVEST. (Specify)	ρ.		1	-					. 1		
	· · · · · · · · · · · · · · · · · · ·											
*) 5 6 7	28e. INJURY AT WORK (Specify	28f. PLACE OF INJURY- AL	home, farm, street, facto	rv. office 28	, LOCATION	STREE	T OR R.F.D. No	. CITY OR	TOWN	CTATE		
g b	res or No)	puilding, etc. (Specify)	L		J. 222/11/011	J1112	. 5, , , , , , , , , , , , , , , , , , ,	. OHIOR	OWN	STATE		





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