

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

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 14th day of November 2021.

Susan H. Hayes
Susan H. Hayes

State of Washington)
) ss.
County of Snohomish)

This instrument was acknowledged before me on November 11th, 2021, by Susan H. Hayes.

David Heien DAVID HEIEN
Notary Public

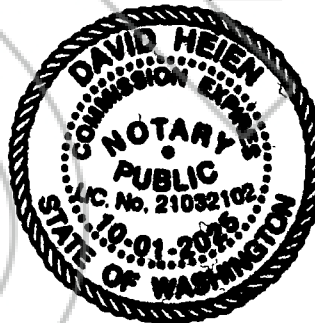


EXHIBIT "A"

DEATH CERTIFICATE
OF
JOHN D. GILMAN

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4217899

CERTIFICATE OF DEATH

2021013935
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) John D GILMAN		2. DATE OF DEATH (Mo/Day/Year) June 09, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 200 Sugar Pine Circle		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 MIN MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 05, 1931		9a. STATE OF BIRTH (If not US/CA, name country) Colorado			
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Francine STELLITANO		13. SOCIAL SECURITY NUMBER ████████-3865			
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY INSURANCE		15. Ever in US Armed Forces? Yes No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 200 Sugar Pine Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ira Neason GILMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Ruth FORD		
18a. INFORMANT - NAME (Type or Print) Susan HAYES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 22714 20th Dr S E #G304 Bothell, Washington 98021			
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) JAMES P SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD217		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) KELLE L BROGAN 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 11, 2021		21c. HOUR OF DEATH 09:18		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle L Brogan MD 1155 Mill St Reno, NV 89502	
23b. LICENSE NUMBER 6000		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 14, 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) Acute Left Side Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Right Internal Carotid Artery Occlusion DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Critical Aortic Valve Stenosis 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 1.				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	



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.

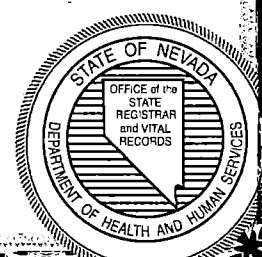
6/17/2021

DATE ISSUED:

Blaise Satariano

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

DEATH CERTIFICATE
OF
FRANCINE H. GILMAN

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2021019782
STATE FILE NUMBER

CASE FILE NO. 4230775

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) Francine Helen GILMAN		2. DATE OF DEATH (Mo/Day/Year) August 17, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Glenbrook		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 200 Sugar Pine Cir.		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	
9a. STATE OF BIRTH (if not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████-7873		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Glenbrook	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Sebastian Francis STELLITANO		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen		15d. STREET AND NUMBER 200 Sugar Pine Cir.	
18a. INFORMANT- NAME (Type or Print) Susan Helen HAYES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 1972 Zephyr Cove, Nevada 89448		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
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 Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) SIGNATURE AUTHENTICATED REED DOPF MD			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) August 18, 2021		21c. HOUR OF DEATH 12:00		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 20, 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).)				26. AUTOPSY (Specify Yes or No) No	
PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Probable Dementia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Atherosclerotic Cerebrovascular Disease				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Obstructive Lung Disease					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	
28d. DESCRIBE HOW INJURY OCCURRED					



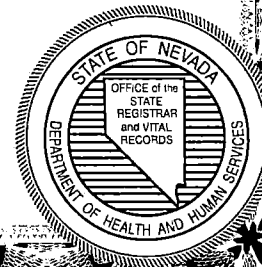
CERTIFIED COPY OF VITAL RECORDS

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: **8/24/2021**

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

Lucy Shughart
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE