

APN# 1220-16-610-101

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: James Peddicord

Address: 1331 Riverview

City/State/Zip: Gardnerville, NV 89460

AFFIDAVIT - DEATH OF TRUSTEE

Title of Document (required)

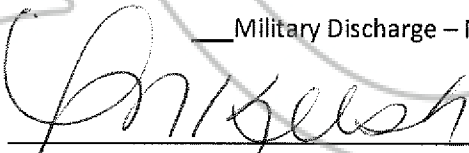
------(Only use if applicable)-----

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)



Signature

Mary Kelsh

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A.P.N.: 1220-16-610-101  
File No: 143-2640508 (mk)

When Recorded return to, and mail Tax Statements to:

James N. Peddicord

*1331 Riverview  
Gardnerville NV 89460*

## AFFIDAVIT - TERMINATING JOINT TENANCY

**James N. Peddicord**, of legal age, being first duly sworn, deposes and says:

That **Cheryl M. Peddicord**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Cheryl M. Peddicord** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **10-18-2004** executed by **Cheryl M. Peddicord** to **James N. Peddicord and Cheryl M. Peddicord** as joint tenants, recorded as Document No. **0627870** on **10-27-2004** in Book **N/A** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**LOT 120, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1965, IN BOOK 31, PAGE 686, AS DOCUMENT NO. 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 4, 1965, IN BOOK 31, PAGE 797, AS DOCUMENT NO. 28377.**

*James N. Peddicord* 11-9-21

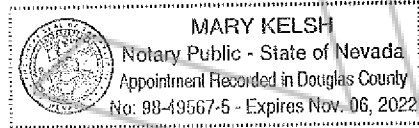
James N. Peddicord

Date

STATE OF **NEVADA** )  
 )  
 ) :SS.  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on this:  
9th day of NOV 2021

By: **James N. Peddicord**



By: Mary Kelsh / Its: \_\_\_\_\_

Notary Public

(My commission expires: 11-6-22)

**COOPER**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4235490

**CERTIFICATE OF DEATH**

2021021953  
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) <b>Cheryl Darlene PEDDICORD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 10, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street number) <b>1331 South Riverview Drive</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 12, 1946</b>		9a. STATE OF BIRTH (If not U.S./CA, name country) <b>California</b>	
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>James N PEDDICORD</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED] 5992</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Office manager</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>Corporate Services</b>		14c. Ever in US Armed Forces? No		15a. RESIDENCE - STATE <b>Nevada</b>	
15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1331 South Riverview Drive</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Guy Temple PECKHAM</b>		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Opal Maxine BELLIS</b>	
18a. INFORMANT- NAME (Type or Print) <b>James N. PEDDICORD</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1331 South Riverview Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Smith Family Crematory</b>		19c. LOCATION City or Town State <b>Fallon Nevada 89407</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>JEFF T SMITH</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD47</b>		20c. NAME AND ADDRESS OF FACILITY <b>Smith Family Funeral Home PO BOX 1545 Fallon NV 89407</b>	
20d. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JEFFREY BASA MD</b>		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) <b>September 10, 2021</b>		21c. HOUR OF DEATH <b>05:00</b>		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jeffrey Basa MD, 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>			
23b. LICENSE NUMBER <b>8079</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 13, 2021</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) <b>Breast Cancer</b>		Interval between onset and death			
(b) <b>Unknown Etiology</b>		Interval between onset and death			
(c)		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) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOMICIDE, 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.		28h. 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: 9/14/2021

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

*Blaise Satariano*  
STATE REGISTRAR

