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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1022-18-002-009**

**Recording Requested By:** )  
Gwen Hosey )  
P.O. Box 402 )  
Wellington, NV 89444 )

**When Recorded Mail to:** )  
Gwen Hosey )  
P.O. Box 402 )  
Wellington, NV 89444 )

**Mail Tax Statements to:** )  
Gwen Hosey )  
P.O. Box 402 )  
Wellington, NV 89444 )

**AFFIDAVIT – DEATH OF CO-TENANT**

I, GWENDOLYN MARIE HOSEY, also known as GWENDOLYN HOSEY, of legal age, being first dully sworn, declare under penalty of perjury that:

DAVID ROY ANDERSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DAVID R. ANDERSON, named as one of the parties (transferee/joint tenant) in that certain deed dated October 20, 2003, recorded on November 7, 2003, as Document No. 0596221, Book 1103, Page 03550, in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

See Exhibit "A"

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and any revisions, remainders, rents, issues or profits thereof.

Subject to:

- 1. All general and special taxes for the current fiscal year.

2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

DAVID ROY ANDERSON, the deceased joint tenant, died on November 22, 2019, as shown in the attached certified copy of Certificate of Death.

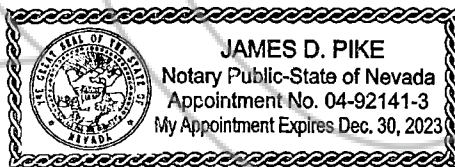
The Affiant, GWENDOLYN MARIE HOSEY, also known as GWENDOLYN HOSEY, is the Wife of the deceased joint tenant and the sole surviving joint tenant in all that real property described above, now holding title in that real property described above as a single woman as her sole and separate property.

Executed on this September 15, 2021, in Douglas County, State of Nevada.

  
\_\_\_\_\_  
GWENDOLYN MARIE HOSEY

STATE OF NEVADA            )  
  ): ss  
COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this September 15, 2021, by GWENDOLYN MARIE HOSEY.



  
\_\_\_\_\_  
NOTARY PUBLIC

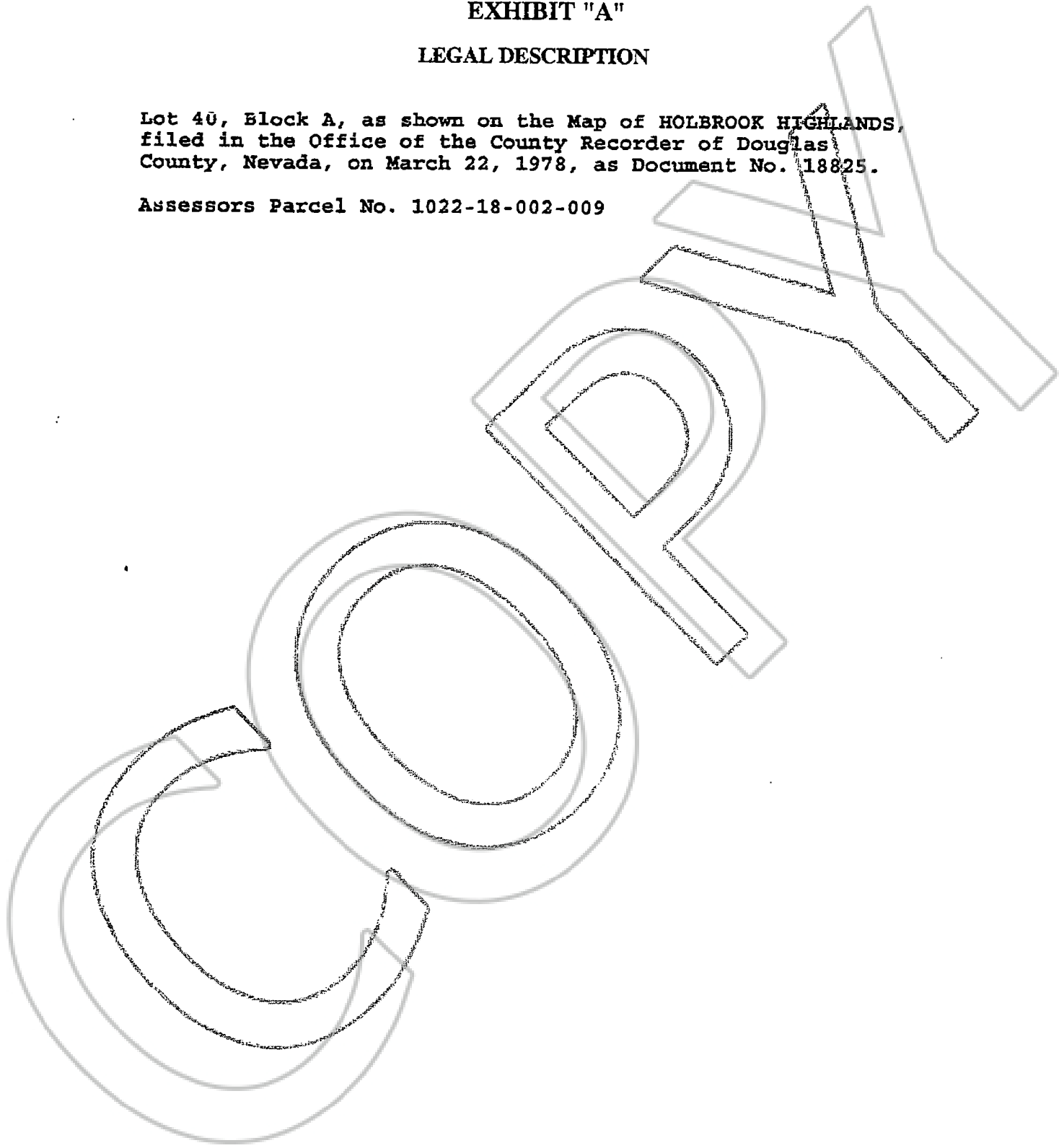
This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Lot 40, Block A, as shown on the Map of HOLBROOK HIGHLANDS,  
filed in the Office of the County Recorder of Douglas  
County, Nevada, on March 22, 1978, as Document No. 18825.

Assessors Parcel No. 1022-18-002-009



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

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

CASE FILE NO. 4115158

**CERTIFICATE OF DEATH**

2019023375  
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>David Roy ANDERSON</b>		2 DATE OF DEATH (Mo/Day/Year) <b>November 22, 2019</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 or number) <b>1534 Moss Circle</b>		3e If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient(Specify) <b>Home</b>	
4 SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>70</b>		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>September 11, 1949</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>13</b>		11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Gwen HOSEY</b>	
13 SOCIAL SECURITY NUMBER <b>██████████-6155</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>LICENSED CONTRACTOR</b>		14b KIND OF BUSINESS OR INDUSTRY <b>CONTRACTING</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d STREET AND NUMBER <b>1534 Moss Circle</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roy Hilton ANDERSON</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Joyce Mardell SODERVICK</b>		
18a INFORMANT- NAME (Type or Print) <b>Gwen HOSEY</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>1534 Moss Circle Gardnerville, Nevada 89410</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</b>	
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) <b>DENVER J MILLER MD</b> 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) <b>November 27, 2019</b>		21c HOUR OF DEATH <b>07:30</b>		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) <b>Denver J Miller MD 5538 Longley Lane Reno, NV 89511</b>				23b LICENSE NUMBER <b>7330</b>	
24a REGISTRAR (Signature) <b>CELESTE RAMIREZ MUNOZ</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 02, 2019</b>		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) <b>No</b>	
PART I				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
(a) <b>Acute Cardiopulmonary Arrest</b>		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>Minutes</b>	
(b) <b>Hypoxia</b>		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>Minutes</b>	
(c) <b>Cancer Of The Parotid Gland</b>		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>Mnths</b>	
(d)		DUE TO, OR AS A CONSEQUENCE OF		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					
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.

DATE ISSUED: 12/4/2019

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

*Celeste Ramirez Munoz*  
**Administratrix**  
STATE REGISTRAR

