

APN# 1320-33-213-009

Recording Requested by/Mail to:

Name: Sullivan Law

Address: 1625 State Route 88 Ste 401

City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

3259-JL

Affidavit Death of Joint Tenant

Title of Document (required)

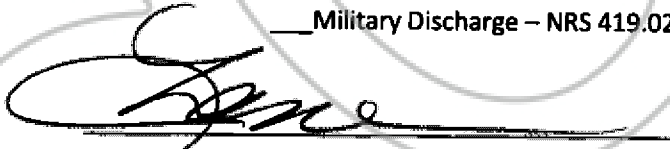
----- (Only use if applicable) -----

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

J Lane

Printed Name

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

APN: 1320-33-213-009

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DOCUMENT TO:**

Merrill A. Hanson, Esq.
SULLIVAN LAW
1625 State Route 88, Suite 401
Minden, NV 89423

MAIL TAX STATEMENTS TO:

Megan Siana
2442 Iowa Ave., Apt. B06
Riverside, CA 92507

I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. *(Per NRS 239B.030)*

AFFIDAVIT OF DEATH OF JOINT TENANT

We, Riley Wills and Megan Siana, being duly sworn say:

1. We are each over the age of 18 years. The decedent described in the attached certified copy of the Certificate of Death is my father, and is the same person as SCOTT L. WILLS, who is named as one of the parties in the deed dated 4/16/2020, executed by "SCOTT L. WILLS and KELLY J. WILLS (who acquired title as Kelli J. Wills), husband and wife as joint tenants," and granted to "SCOTT L. WILLS and KELLY J. WILLS, husband and wife as Joint Tenants," recorded on 4/20/2020 as Instrument No. 2020-944926 on the Records of Douglas County, Nevada, covering the following described property situated in the Town of Gardnerville, County of Douglas, State of Nevada:

Lot 89 of FINAL MAP PLANNED UNIT DEVELOPMENT PD
04-008 HEYBOURNE MEADOWS PHASE 11C, according to the
map thereof, filed in the office of the County Recorder of Douglas
County, State of Nevada on September 19, 2017, as Document No.
904214, Official Records,

Together with all tenements, hereditaments and appurtenances, including
easements and water rights, if any thereto belonging or appertaining, and any
reversions, remainders, rents, issues or profits thereof.

Commonly known as 1220 Hat Band Court, Gardnerville, NV 89410.

2. As a result of the death of SCOTT L. WILLS on April 22, 2021 at Gardnerville, Douglas County, Nevada, we affirm and declare under penalty of perjury under the laws of the State of Nevada that the sole surviving spouse and joint tenant, KELLY J. WILLS, became the sole owner of the above-described real property, with one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: 12/6/2021

Riley Wills
RILEY WILLS,
Daughter of the Decedent, Scott L. Wills

Megan Siana
MEGAN SIANA,
Daughter of Kelly J. Wills

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

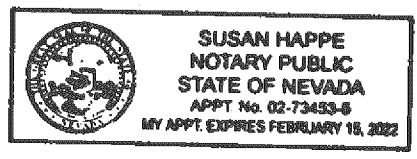
State of Nevada)
County of Douglas)

Subscribed and sworn to (or affirmed) before me, SUSAN HAPPE, a Notary Public, on 12/6/2021, by RILEY WILLS and MEGAN SIANA, who proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Susan Happe
Notary Public
[Signature & Seal]



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4209400

CERTIFICATE OF DEATH

2021010562
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) Scott Lee WILLS		2. DATE OF DEATH (Mo/Day/Year) April 22, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION: Name (if not either, give street or number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm Inpatient (Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE: Last birthday (Years) 57		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 10, 1964		9a. STATE OF BIRTH (If not US/CA... name country) England		9b. CITIZEN OF WHAT COUNTRY? United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kelly GIFFORD	
13. SOCIAL SECURITY NUMBER: ██████████8395		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of TRUCK DRIVER		14b. KIND OF BUSINESS OR INDUSTRY United Parcel Service	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY - TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1220 Hat Band Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James WILLS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maureen JARVIS		
18a. INFORMANT - NAME (Type or Print) Kelly WILLS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1220 Hat Band Court Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) RALPH D HERBIG DO			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) May 01, 2021		21c. HOUR OF DEATH 11:35		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) Ralph D Herbig DO 897 Ironwood Dr. Minden, NV 89423				23b. LICENSE NUMBER DO984	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 03, 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 (a) Cardiac Arrhythmia				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF: (c) Type 2 Diabetes				Interval between onset and death Years	
(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) 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.

DATE ISSUED:

STATE REGISTRAR
John Joseph

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

