

RECORDING REQUESTED BY  
Old Republic Title Company  
Escrow No.: 2132015630  
APN: 1318-23-310-067

DOUGLAS COUNTY, NV **2022-979804**  
Rec:\$40.00  
\$40.00 Pgs=3 01/14/2022 08:23 AM  
CA - OLD REPUBLIC TITLE COMPANY  
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO  
Name Brian H. Williams  
Street Address Po Box 12306  
City State Zip Zephyr Cove, NV 89448

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

Brian H. Williams, of legal age, being first duly sworn, deposes and says:  
That Gale Elaine Williams, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gale E. Williams named as one of the parties in that certain Deed dated October 18, 2003, executed by Ronald G. Keehn and Edalee A. Keehn, Trustees u/d/t dated December 16, 2002 f/b/o The Keehn Family Trust to Brian H. Williams and Gale E. Williams, husband and wife, as joint tenants with rights of survivorship

, and recorded on October 30, 2003, in Book/Reel 1003, at Page/Image 15775, Series Number 595331 of Official Records of Douglas County, Nevada, covering the following described property situated in said County, State of Nevada:

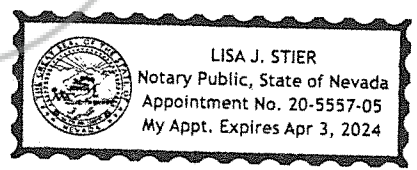
\*\*\* See "Exhibit A" attached hereto and made a part hereof \*\*\*

\* Brian H. Williams  
Brian H. Williams

STATE OF Nevada  
COUNTY OF Douglas ss.

On this 13 day of January, 2022, personally appeared before me, a Notary Public in and for said County and State, Brian H. Williams, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that he/she/they executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.  
[Signature]  
NOTARY PUBLIC (seal)



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

#### VITAL STATISTICS CERTIFICATE OF DEATH

2015000611

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>Gale Elaine WILLIAMS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 19, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>Carson Tahoe Regional Medical Center</b> Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Female</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>64</b>	
9a. STATE OF BIRTH (if not U.S.A.) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-6636</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Graphic Designer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Advertising</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Stateline</b>	
15d. STREET AND NUMBER <b>65 Pyramid Court</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Biran WILLIAMS</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Anthony CHAMPAGNE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Evelyn ANDERSON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Brian WILLIAMS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO BOX 12306 Zephyr Cove, Nevada 89448</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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>SIGNATURE AUTHENTICATED VIJAY MAIYA MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 20, 2015</b>		21c. HOUR OF DEATH <b>14:25</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11909</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 20, 2015</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).)					
PART I					
(a) <b>Acute Respiratory Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>End-stage Chronic Obstructive Pulmonary Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Tobacco Abuse</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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>Yes</b>					
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	

STATE REGISTRAR

3812962

562061

CERTIFIED COPY OF VITAL RECORDS

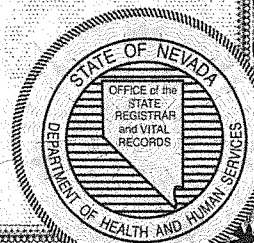
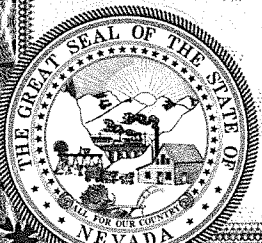
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/26/2015

*R. Wh...*  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



## EXHIBIT "A"

The land referred to herein below is situated in the County of Douglas, State of Nevada, described as follows:

Lot 5, in Block C of Lake Village, Phase 1, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on June 29th, 1970, as Document No. 48573.

Assessors Parcel No.: 1318-23-310-067

