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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1320-02-001-041

Recording requested by:)
Linda Hibbard)
1663 Toni Court)
Minden, NV 89423)

When recorded mail to:)
Linda Hibbard)
1663 Toni Court)
Minden, NV 89423)

Mail tax statement to:)
Linda Hibbard)
1663 Toni Court)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-OWNER

I, LINDA J FLATAU HIBBARD, of legal age, being first dully sworn, declare under penalty of perjury that:

WARREN R. HIBBARD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WARREN R. HIBBARD, named as one of the parties (transferee/joint tenant/husband) in that certain deed dated February 2, 1990, recorded on February 13, 1990, as Document No. 220045, in Book 290, 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 thereto belonging or in anywise appertaining.

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.

WARREN R. HIBBARD, the deceased joint tenant, died on 3-20-2021, as shown in the attached certified copy of Certificate of Death.

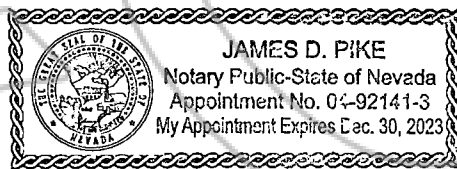
The Affiant, LINDA J FLATAU HIBBARD, is the Wife of the deceased joint tenant and the sole surviving tenant in all that real property described above, previously held as husband and wife, as joint tenants with right of survivorship, now holding title in that real property described above as a single woman as her sole and separate property.

Executed on this November 24, 2021, in Douglas County, State of Nevada.


LINDA J FLATAU HIBBARD

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this November 24, 2021, by LINDA J FLATAU HIBBARD.




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"

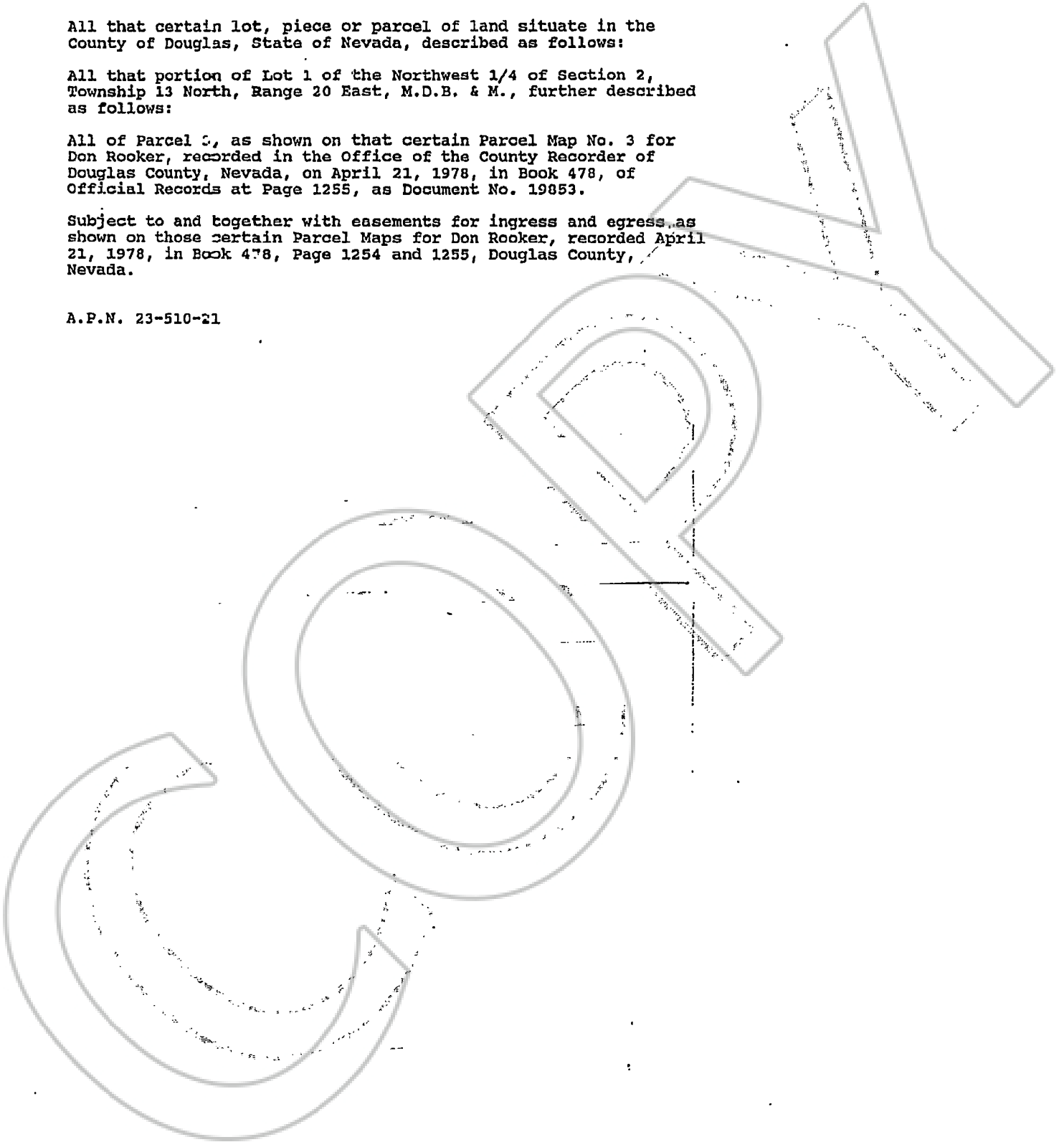
All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

All that portion of Lot 1 of the Northwest 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B. & M., further described as follows:

All of Parcel 3, as shown on that certain Parcel Map No. 3 for Don Rooker, recorded in the Office of the County Recorder of Douglas County, Nevada, on April 21, 1978, in Book 478, of Official Records at Page 1255, as Document No. 19853.

Subject to and together with easements for ingress and egress as shown on those certain Parcel Maps for Don Rooker, recorded April 21, 1978, in Book 478, Page 1254 and 1255, Douglas County, Nevada.

A.P.N. 23-510-21



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4204324

CERTIFICATE OF DEATH

2021008598
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) Warren Robert HIBBARD		2. DATE OF DEATH (Mo/Day/Year) March 20, 2021		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
3d. SEX Male		3f. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)		3g. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
7e. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 18, 1946			
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COJNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Linda J FLATAU			
13. SOCIAL SECURITY NUMBER ██████████-6180		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	
14c. KIND OF BUSINESS OR INDUSTRY		14d. KIND OF BUSINESS OR INDUSTRY		14e. Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1663 Toni Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Warren John HIBBARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara Ann BACKUS		
18a. INFORMANT- NAME (Type or Print) Linda J HIBBARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1663 Toni Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. GEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP R MAYFIELD		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
20d. SIGNATURE AUTHENTICATED		20e. LICENSE NUMBER		20f. NAME AND ADDRESS OF FACILITY	
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) ROY H SEXTON 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) April 07, 2021		21c. HOUR OF DEATH 23:03		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)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Roy H Sexton MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 14938	
24a. REGISTRAR (Signature) CELESTE RAMIREZ MUNOZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 07, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED		24e. DATE RECEIVED BY REGISTRAR		24f. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Acute Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Cerebral Vascular Accident				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute On Chronic Renal Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Bradycardia				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. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		27a. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. ACC., SUICIDE, HGM., 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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	



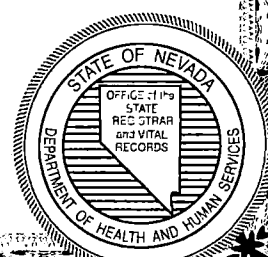
CERTIFIED COPY OF VITAL RECORDS

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: **4/13/2021**

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

Janey J. [Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE