

APN: 1320-33-813-012

**RECORDING REQUESTED BY:**

**Donna Bidart  
1240 Jones Ranch Road  
Gardnerville, Nevada 89460**

**MAIL TAX STATEMENTS TO:**

**Donna Bidart  
1240 Jones Ranch Road  
Gardnerville, Nevada 89460**

*Pursuant to NRS 239B.030(4), I affirm that  
the instrument contained below does contain  
the social security number of any person.*



00151787202209825670030038

KAREN ELLISON, RECORDER

**AFFIDAVIT OF SURVIVING JOINT TENANT**

DONNA BIDART, being first duly sworn on oath, deposes and states under the pains and penalties of perjury as follows:

1. Your affiant, Donna J. Bidart and Marc Bidart were grantees in joint tenancy with right of survivorship pursuant to that certain grant, bargain and sale deed dated 12 October 2003, and recorded 7 November 2003, in the official records of Douglas County, Nevada, as Document No. 0596218.

The grantees in the grant, bargain and sale deed are one and the same as your affiant and Marc Bidart.

2. The joint tenancy property, with right of survivorship, is located at 1384 E Wales Court, Gardnerville, Nevada. The property may be more specifically identified as:

Lot 19, Block C, as set forth on FINAL SUBDIVISION MAP No. 1006-5 for CHICHESTER ESTATES, PHASE 5, filed in the office of the County Recorder of Douglas County, Nevada and recorded April 9, 1999 in Book 499, Page 1900, as Document No. 465394

3. Marc Bidart, affiant's joint tenant, died on 25 July 2020, in Washoe County, Nevada, and is the identical person named as the Deceased in that certain copy of the certificate of death

attached hereto as Exhibit "A". The copy of the certificate of death is incorporated herein by this reference as if set forth in full.

4. That title to all of the property identified herein is now vested in your affiant, Donna Bidart as of the date of Decedent's death.

TOGETHER will 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.

Witness my hand this 15<sup>th</sup> day of March, 2022.

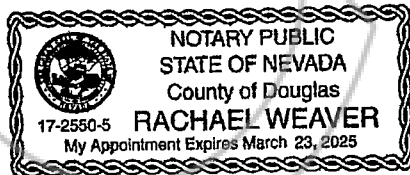
  
DONNA BIDART

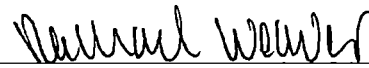
**ACKNOWLEDGEMENT**

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF DOUGLAS    )

On March 15<sup>th</sup>, 2022, before me, the undersigned, a Notary Public in and for said County and State, personally appeared DONNA BIDART known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.



  
NOTARY PUBLIC

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

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

CASE FILE NO. 4158094

**2020015682**  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

|   |  |  |  |                                   |  |  |
|---|--|--|--|-----------------------------------|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK  | 1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Marc BIDART</b>  |  | 2 DATE OF DEATH (Mo/Day/Year)<br><b>July 25, 2020</b>  |                                   | 3a COUNTY OF DEATH<br><b>Washoe</b>  |  |
|   | 3b CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>   |  | 3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar Inpatient)(Specify)<br><b>Renown Regional Medical Center</b>  |                                   | 4 SEX<br><b>Male</b>   |  |
| DECEDENT  | 5 RACE (Specify)<br><b>White</b>   |  | 6 Hispanic Origin? Specify No - Non-Hispanic   |                                   | 7a AGE-Last birthday (Years)<br><b>81</b>  |  |
|   | 7b UNDER 1 YEAR<br><b>INPATIENT</b>  |  | 7c UNDER 1 DAY<br><b>INPATIENT</b>   |                                   | 8 DATE OF BIRTH (Mo/Day/Yr)<br><b>January 03, 1939</b>   |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS                     | 9a STATE OF BIRTH (If not US/CA, name country)<br><b>France</b>  |  | 9b CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |                                   | 10 EDUCATION<br><b>14</b>  |  |
|   | 11 MARITAL STATUS (Specify)<br><b>Married</b>  |  | 12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Donna Jeanne LARUE</b>  |                                   |  |  |
| PARENTS   | 13 SOCIAL SECURITY NUMBER<br><b>██████-2820</b>  |  | 14a USUAL OCCUPATION (Give Kind of Work Done During Most of<br><b>Maintenance</b>  |                                   | 14b KIND OF BUSINESS OR INDUSTRY<br><b>LANDSCAPING</b>   |  |
|   | 15a RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b COUNTY<br><b>Douglas</b>   |                                   | 15c CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| DISPOSITION   | 15d STREET AND NUMBER<br><b>1240 Jones Ranch Rd</b>  |  | 15e INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |                                   | 16 FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Gratien BIDART</b>  |  |
|   | 17 MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Graciane DENDARIE</b>   |  | 18a INFORMANT - NAME (Type or Print)<br><b>Donna Jeanne BIDART</b>   |                                   |  |  |
| TRADE CALL  | 18b MAILING ADDRESS (Street or R F D, No, City or Town, State, Zip)<br><b>1240 Jones Ranch Rd Gardnerville, Nevada 89460</b>   |  |  |                                   | 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  |
|   | 19b CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>   |  | 19c LOCATION City or Town State<br><b>Carson City Nevada 89706</b>   |                                   |  |  |
| CERTIFIER   | 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>DENICE PORTILLO</b><br><b>SIGNATURE AUTHENTICATED</b>  |  | 20b FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD872</b>  |                                   | 20c NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations</b><br><b>1521 Church Street Gardnerville NV 89410</b> |  |
|   | TRADE CALL - NAME AND ADDRESS  |  |  |                                   |  |  |
| REGISTRAR   | 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)<br><b>LAURA D KNIGHT MD</b><br><b>SIGNATURE AUTHENTICATED</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)<br><b>LAURA D KNIGHT MD</b><br><b>SIGNATURE AUTHENTICATED</b> |                                   |  |  |
|   | 21b DATE SIGNED (Mo/Day/Yr)<br><b>July 28, 2020</b>  |  | 21c HOUR OF DEATH<br><b>13:30</b>  |                                   | 22b DATE SIGNED (Mo/Day/Yr)<br><b>July 25, 2020</b>  |  |
| CAUSE OF DEATH  | 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 22c HOUR OF DEATH<br><b>13:30</b>  |                                   |  |  |
|   | 22d PRONOUNCED DEAD (Mo/Day/Yr)<br><b>July 25, 2020</b>  |  | 22e PRONOUNCED DEAD AT (Hour)<br><b>13:30</b>  |                                   |  |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST                    | 23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Laura D Knight MD 990 E Ninth St Reno, NV 89512</b>                                 |  |  |                                   | 23b LICENSE NUMBER<br><b>15930</b>   |  |
|   | 24a REGISTRAR (Signature)<br><b>KATHERINE J SULLIVAN</b><br><b>SIGNATURE AUTHENTICATED</b>   |  | 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>July 29, 2020</b>   |                                   | 24c DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                   |  |
| PART I  | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))   |  |  |                                   | 26 AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
|   | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1<br><b>Chronic Kidney Disease, Atrial Fibrillation, Alzheimer's Disease</b> |  |  |                                   | 27 WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>  |  |
| 28a ACC, SUICIDE, HOM, UNDET OR PENDING INVEST. (Specify)<br><b>ACCIDENT</b>                              |  | 28b DATE OF INJURY (Mo/Day/Yr)<br><b>June 01, 2020</b>   |  | 28c HOUR OF INJURY<br><b>1200</b> |  |  |
| 28d DESCRIBE HOW INJURY OCCURRED<br><b>Ground Level Fall(s)</b>   |  | 28e INJURY AT WORK (Specify Yes or No)<br><b>No</b>  |  |                                   |  |  |
| 28f PLACE OF INJURY - At home, farm, street, factory, office, building, etc (Specify)<br><b>Residence</b> |  | 28g LOCATION STREET OR R F D No CITY OR TOWN STATE<br><b>1240 Jones Ranch Road Gardnerville Nevada</b> |  |                                   |  |  |

STATE REGISTRAR

000829934



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:

**SEP 08 2020**

STATE REGISTRAR

Interim Administrator

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

