

APN# 1420-08-414-009



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Day R. Williams, Esq.

Address: 1601 Fairview Drive, Suite C

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: Benjamin Swanson

Address: 3445 Long Drive

City/State/Zip: Minden, NV 89423

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)

Robin A. Williams

Signature

Robin A. Williams

Printed Name

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

APN 1420-08-414-009

When recorded mail to:
Day R. Williams, Esq.
1601 Fairview Dr. #C
Carson City NV 89701-5860

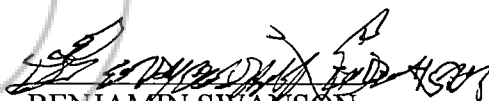
AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF NEVADA)
):ss
CARSON CITY)

BENJAMIN SWANSON, of legal age, being first duly sworn, deposes and says: That SHARON ARLENE URBAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SHARON URBAN named as one of the parties in that certain Quitclaim Deed signed March 6, 2017 by Benjamin Swanson, Trustee and Sharon Urban, Trustee, by which the Swanson-Urban Trust quitclaimed the real estate to Benjamin Swanson and Sharon Urban, as joint tenants with right of survivorship, which Quitclaim Deed was recorded on April 21, 2017 at the Recorder of Douglas County, State of Nevada, Document #2017-897661, covering the following described property situated in Douglas County, State of Nevada, commonly known as 3446 Long Dr., Minden NV 89423, more particularly described as:

Lot 23, in Block C, as set forth on that certain final map LDA #99-054-03 Sunridge Heights III, Phase 3, a Planned Unit Development, recorded in the office of the Douglas County Recorder on June 5, 2000, in Book 0600, Page 880, as Document No. 493409, and by Certificate of Amendment Recorded November 3, 2000, in Book 1100, Page 470, as Document No. 502691.

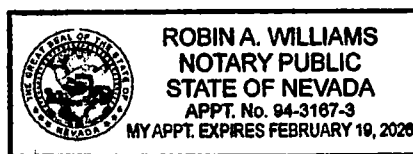
TOGETHER with all tenements, hereditaments, and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.


BENJAMIN SWANSON

SUBSCRIBED AND SWORN TO before me
this 8th day of June, 2022
by BENJAMIN SWANSON.



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. 4247992

CERTIFICATE OF DEATH

2021028751
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) Sharon Arlene URBAN		2. DATE OF DEATH (Mo/Day/Year) November 10, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 06, 1941		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Benjamin SWANSON	
13. SOCIAL SECURITY NUMBER ██████████-9858		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Residence Items) SCHOOL TEACHER		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 3446 Long Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas W GLENN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Silvia HAHN		
18a. INFORMANT - NAME (Type or Print) Benjamin SWANSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3446 Long Dr. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Creations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) 21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) LAURA D KNIGHT MD SIGNATURE AUTHENTICATED		
22b. DATE SIGNED (Mo/Day/Yr) November 18, 2021			22c. HOUR OF DEATH 08:30		
22d. PRONOUNCED DEAD (Mo/Day/Yr) November 10, 2021			22e. PRONOUNCED DEAD AT (Hour) 08:30		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laura D Knight MD 990 E Ninth St Reno, NV 89512				23b. LICENSE NUMBER 15930	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 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) Complications Of Multiple Blunt Force Injuries Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Collision Of Two Sport Utility Vehicles Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) 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 1. Type 2 Diabetes Mellitus, Hypertension, Chronic Kidney Disease, Hyperlipidemia				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) October 27, 2021		28c. HOUR OF INJURY 0948	
28d. DESCRIBE HOW INJURY OCCURRED Seat belted Driver Of SUV Involved In Collision With Another SUV					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Street		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE South Carson Street @ Old Clear Creek Road Carson City Nevada	



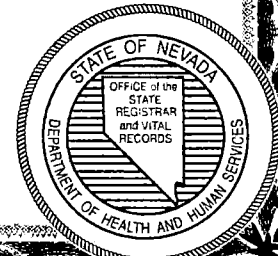
CERTIFIED COPY OF VITAL RECORDS

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: **12/2/2021**

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

Laura Knight
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE