

APN# 1220-04-516-010



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Tina Anderson  
Address: 1347 El Dorado Dr. Apt. C  
City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: same as above  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Affidavit of Death

**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)

Tina L. Anderson

Signature

Tina L. Anderson

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Death**

STATE OF Nevada  
COUNTY OF Douglas

I, Tina Anderson, residing at 1347 El Dorado Dr., Gardnerville, Nevada 89410, <sup>Apt. C</sup> being of legal age, depose and say that:

That Carolyn Oakes, Jean My mom, died on Feb. 14, 2022 as evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in Douglas County Nevada for administration of the descendant's estate.

**Oath of Affirmation:**

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Signed and sworn to before me on July 25, 22 by Tina L. Anderson Tina L. Anderson

STATE OF Nevada, COUNTY OF Douglas, ss:

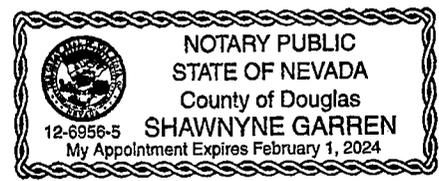
Quitclaim Deed  
Document # 0728280  
8-11-2008 12:49 p.m.  
official record

Shawnyne Garren  
Notary Public

Deed of Trust Loan # 0015376379  
Unit 17 of El Dorado Village, Unit no. 1,  
as shown on the official map recorded  
in the office of the Douglas County  
recorder, state of Nevada on December 14,  
1973, document number 70678. Together  
with a 1/46th in and to lots A, B, and C  
~~and~~ designated as common area on  
said subdivision.

Notary Public  
Title (and Rank)

My commission expires 2/1/24



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

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

CASE FILE NO. 4267598

**CERTIFICATE OF DEATH**

2022004486  
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>Carolyn Jean OAKES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 14, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Valley Medical Center</b>		3e. If Hosp or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 02, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████ 5639</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>WAITRESS</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>RESTAURANT</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1347 El Dorado Drive #C</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ralph WENDT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lydia DANSFIELD</b>		
18a. INFORMANT - NAME (Type or Print) <b>Tina ANDERSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1347 El Dorado Drive, Apt C Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</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>TREVOR PHAN MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>February 15, 2022</b>		21c. HOUR OF DEATH <b>01:37</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)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) <b>Trevor Phan MD 1107 Highway 395 Gardnerville, NV 89410</b>			
23b. LICENSE NUMBER <b>12765</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 22, 2022</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Demand Ischemia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Hypovolemic Shock</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Acute blood Loss Anemia</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Acute Gastrointestinal Bleeding</b>			
Interval between onset and death <b>Hours</b>		Interval between onset and death <b>Hours</b>		Interval between onset and death <b>Days</b>	
Interval between onset and death <b>Days</b>		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 <b>Hypothyroidism, Depression</b>			
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	

AKA: Carrie J OAKES



CERTIFIED COPY OF VITAL RECORDS

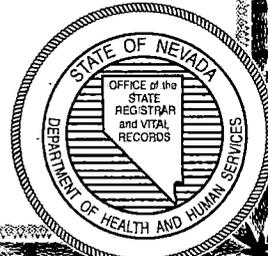
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

2/24/2022

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE