



KAREN ELLISON, RECORDER

APN: 1022-21-710-185

When Recorded Mail to:
Minden Lawyers, LLC
P.O. Box 2860
Minden, NV 89423

Mail Tax Statements to:
Jackie Woods
1344 Patricia Dr.
Gardnerville, NV 89460

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to NRS 239B.030, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, Jackie Woods, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following:

2. The real property commonly known as 1344 Patricia Dr., Gardnerville, NV 89460 was conveyed to Les Woods and Jackie Woods, Husband and Wife as Joint Tenants, in that certain Grant, Bargain, Sale Deed recorded on 23 April 2004 as Document No. 0611151 in Book 0404 at Page 11911 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. Les Woods died on May 7, 2022. A certified copy of Les Woods' death certificate is attached hereto and incorporated herein by reference.

4. I am a wife of the decedent, Les Woods, who is one of the two joint tenants referred to in that Grant, Bargain, Sale Deed recorded on 23 April 2004 as Document No. 0611151 in Book 0404 at Page 11911, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

5. The real property commonly known as 1344 Patricia Dr., Gardnerville, NV 89460, which is the subject of the above-described deed and joint tenancy is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, City of GARDNERVILLE described as follows:

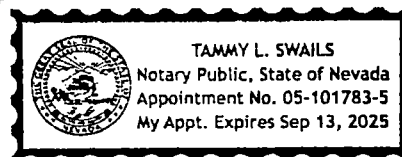
Lot 427, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

Accessors Parcel No. 1220-21-710-185

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

DATED: 27 of July 2022

Jackie Woods
Jackie Woods



SUBSCRIBED and SWORN to before me
this 27th day of July 2022.

Tammy L. Swails
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. 4282527

CERTIFICATE OF DEATH

2022012228
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Leslie Harold WOODS			2. DATE OF DEATH (Mo/Day/Year) May 07, 2022		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1344 Patricia Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male
PRECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 82	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) July 18, 1939
	9a. STATE OF BIRTH (If not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jackie May INMAN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED] 1146		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CONSTRUCTION CONTRACTOR		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1344 Patricia Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold WOODS			17. MOTHER/PARENT - NAME (First Middle Last Suffix)			
	18a. INFORMANT - NAME (Type or Print) Jackie May WOODS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1344 Patricia Dr Gardnerville, Nevada 89460				
DISPOSITION	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 Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROBERT T FLOYD MD SIGNATURE AUTHENTICATED			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) May 09, 2022		21c. HOUR OF DEATH 10:15		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Robert T Floyd MD 180 Ox-Yoke Lane Reno, NV 89521			23b. LICENSE NUMBER 14346			
REGISTRAR	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 18, 2022		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).)						
CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I						Interval between onset and death
	(a) Cardiopulmonary Arrest						Interval between onset and death
	(b) Severe Protein Calorie Malnutrition						Interval between onset and death
	(c) Dysphagia						Interval between onset and death
	(d) Cerebral Infarction Unspecified						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.					26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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	



CERTIFIED COPY OF VITAL RECORDS

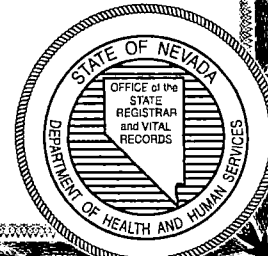
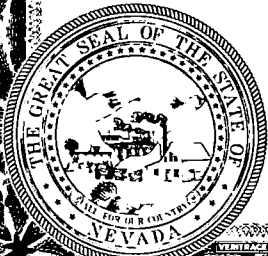
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/25/2022

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

Scott Spangler
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE