

APN: 1220-21-810-238

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
RONI L. WILLIAMS
644 Carmel Way
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

RONI L. WILLIAMS, being of legal age, and being of sound mind and body, hereby swears (or affirm) under penalty of perjury, that the following is true of her own personal knowledge:

That JOHN C. WILLIAMS, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as JOHN C. WILLIAMS, Grantee in that certain Grant, Bargain, Sale Deed recorded on November 9, 2018, as Document No. 2018-921961 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 644 Carmel Way, Gardnerville, Douglas County, Nevada, and more precisely described as:

Lot 493 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, in Book 374 at Page 676 as Document No. 72456.

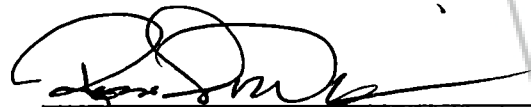
Pursuant to NRS 111.312, the above legal description was previously recorded in that certain Grant, Bargain, Sale Deed recorded as Document No. 2018-921961 of Official Records of Douglas County, State of Nevada, on November 9, 2018.

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I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

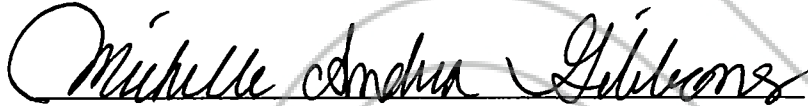
Dated: August 3, 2022.




RONI L. WILLIAMS, Surviving Grantee and
Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On August 3, 2022, before me, a Notary Public, personally appeared RONI L. WILLIAMS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.



Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

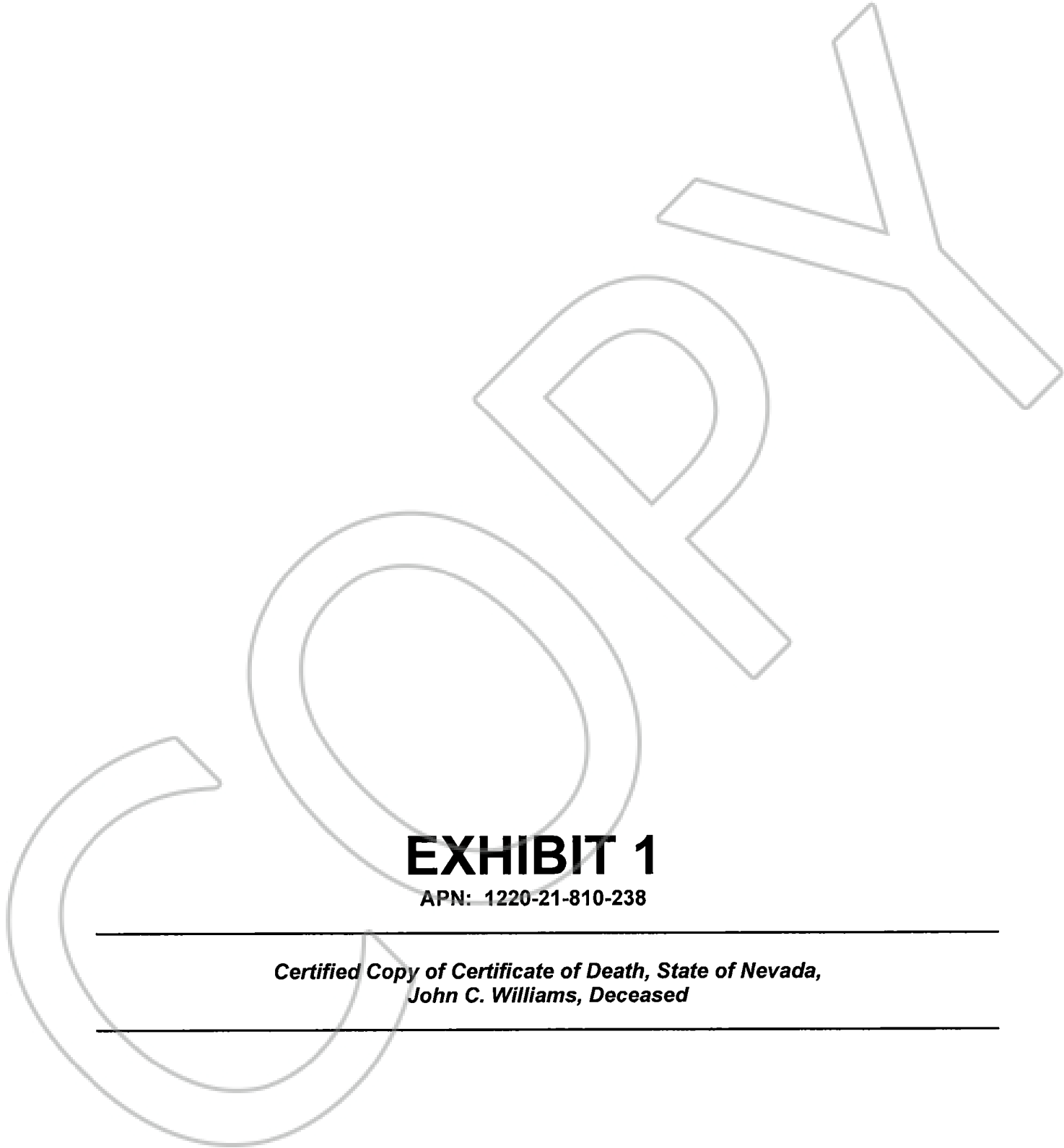


EXHIBIT 1

APN: 1220-21-810-238

*Certified Copy of Certificate of Death, State of Nevada,
John C. Williams, Deceased*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4202370

CERTIFICATE OF DEATH

2021006766
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) John Clarence WILLIAMS JR			2. DATE OF DEATH (Mo/Day/Year) March 11, 2021		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name,(If not either, give street address) number Evergreen Gardnerville Health & Rehab Center		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Nursing Home		4 SEX Male
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) September 13, 1940
9a STATE OF BIRTH (if not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	10 EDUCATION 13	11. MARITAL STATUS, (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Roni Lee MARVIN
13 SOCIAL SECURITY NUMBER ██████████-5847		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b KIND OF BUSINESS OR INDUSTRY TRANSPORTATION - PUBLIC		Ever in US Armed Forces? Yes
15a RESIDENCE - STATE Nevada	15b COUNTY Douglas	15c CITY, TOWN OR LOCATION Gardnerville	15d STREET AND NUMBER 644 Carmel Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) John Clarence WILLIAMS SR			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Emelie DERR			
18a INFORMANT - NAME (Type or Print) Roni Lee WILLIAMS			18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 644 Carmel Way Gardnerville, Nevada 89460			
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		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 - NAME AND ADDRESS						
To Be Completed by CERTIFYING PHYSICIAN	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD			To Be Completed by CORONER'S OFFICE	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) March 16, 2021	21c HOUR OF DEATH 02:20	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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114	
24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 17, 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))					Interval between onset and death	
PART I	(a) Emphysema				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
	(b)				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
	(c)				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
	(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 I					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

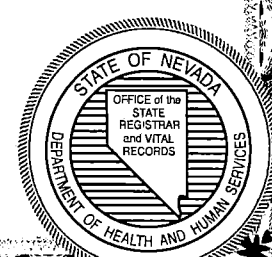
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/24/2021

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE