

APN# 1420-29-810-013



00159999202209897290040041

Recording Requested by/Mail to:

Name: Richard R Smith

Address: 553 Upper Cobble

City/State/Zip: Washington, NV 89444

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: James H Berne

Address: _____

City/State/Zip: _____

Subant of Balle

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)

Richard R. Smith

Signature

Richard R. Smith

Printed Name

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

Affidavit of Death

STATE OF NEVADA
COUNTY OF DOUGLAS

I, RICHARD SMITH, residing at 555 UPPER COLONY RD, WELLINGTON,
NEVADA 89444, being of legal age, depose and say that:

That JANE ANN ZOBEL, _____,

_____ died on JUNE 25, 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; see exhibit A,

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

Oath of Affirmation:

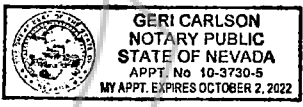
I certify under penalty of perjury under Nevada law that I know the contents
of this Affidavit signed by me and that the statements are true and correct.

Signed and sworn to before me on
SEPT 5 2022 by Richard Smith
Richard Smith

STATE OF Nevada, COUNTY OF Douglas, ss:

Gerri Carlson
Notary Public

Notary Public
Title (and Rank)



My commission expires Oct 2, 2022

EXHIBIT "A"

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

Lot 12, in Block A, as set forth on Final Subdivision Map, Planned development PD 02-01 for NORTH FORK TRAILS, filed in the office of the County Recorder of Douglas County on October 20, 2003, in Book 1003, Page 9460, as Document No. 594029.

EXCEPTING THEREFROM all minerals, oil, gas and other hydrocarbons as deeded to STOCK PETROLEUM CO., INC. in Document recorded March 13, 1980 in Book 380, Page 1315, as Document No. 42677, Official Records of Douglas County, Nevada.

APN: 1420-29-812-013

Commonly known as: 1150 North Fork Trail, Minden, NV 89423

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4291513

CERTIFICATE OF DEATH

2022016214
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

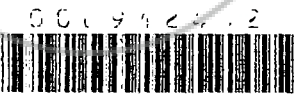
CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAS,SUFFIX) Jane Ann ZOBEL		2. DATE OF DEATH (Mo/Day/Year) June 23, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1150 North Fork Trail		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 98		7b. UNDER 1 YEAR MOS DAYS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) September 16, 1923		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 0550		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) REAL ESTATE AGENT		14b. KIND OF BUSINESS OR INDUSTRY BANKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1150 North Fork Trail		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Bert SCOTT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth BOSLER		
18a. INFORMANT- NAME (Type or Print) Richard SMITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 555 Upper Colony Road Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (O- Person Acting as Such) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) NITA SCHWARTZ 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) July 06, 2022		21c. HOUR OF DEATH 22:00		22b. DATE SIGNED (Mo/Day/Yr)	
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 Street Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 07, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Adult Respiratory Distress Syndrome Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Covid-19 Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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.

7/14/2022

DATE ISSUED:

STATE REGISTRAR

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

