

APN# 1219-23-001-049

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: RANDALL WARD

Address: 697 Indian Trail Road

City/State/Zip: Gardnerville NV 89460

AFFIDAVIT TERMINATING JOINT TENANCY

**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)



Signature

E. TOBIAS

Printed Name

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

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

A.P.N.: 1219-23-001-049  
File No: 143-2659036 (et)

When Recorded return to, and mail Tax Statements to:  
Randall L. Ward  
697 Indian Trail Road  
Gardnerville, NV 89460

## **AFFIDAVIT - TERMINATING JOINT TENANCY**

**Randall L. Ward**, of legal age, being first duly sworn, deposes and says:

That **Denise Fast**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Denise Fast** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **12/3/2021** executed by **Peggy Jean Quinlan, Trustee** to **Randall L. Ward and Denise Fast** as joint tenants, recorded as Document No. **2022-979361** on **1/5/2022** in Book **N/A** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**PARCEL 11A AS SHOWN ON THE RECORD OF SURVEY IN SUPPORT OF A BOUNDARY LINE ADJUSTMENT FOR PEGGY JEAN QUINLAN LIVING TRUST, DATED 9-23-05 & JOSEPH L. ANGEL TRUST, ACCORDING TO THE MAP THEREOF FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 4, 2008 IN BOOK 0208, PAGE 256 AS FILE NO. 717339, OFFICIAL RECORDS, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**BEING A PORTION OF THE NORTHWEST 1/4 OF SECTION 23, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.B.&M. IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, WHICH IS MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**THAT PORTION OF LOT 11 AND LOT 12 AS SAID LOTS ARE SHOWN ON THE AMENDED MAP LOTS 4 THROUGH 13 INDIAN ROAD RANCH ESTATES, RECORDED BOOK 178 AT PAGE 1660 AS DOCUMENT NO. 17107 IN THE OFFICIAL RECORDS OF SAID DOUGLAS COUNTY DESCRIBED AS FOLLOWS:**

**BEGINNING AT THE MOST WESTERLY CORNER OF SAID LOT 11, SAID CORNER BEING ON THE SOUTHEASTERLY RIGHT-OF-WAY LINE OF INDIAN TRAIL ROAD WHICH IS A CURVE CONCAVE TO THE NORTHWEST AND HAVING A RADIUS OF 206.00 FEET, A RADIAL LINE THROUGH SAID POINT BEARS S. 54°10'38" E.; THENCE NORTHEASTERLY ALONG SAID RIGHT-OF-WAY LINE THROUGH A CENTRAL ANGLE OF 07°09'13" AN ARC DISTANCE OF 24.97 FEET TO A POINT OF COMPOUND CURVATURE, SAID COMPOUNDING CURVE BEING CONCAVE TO THE NORTHWEST AND HAVING A RADIUS OF 850.00 FEET, A RADIAL LINE THROUGH SAID POINT BEARS S. 61°19'51" E.; THENCE NORTHEASTERLY ALONG SAID COMPOUNDING CURVE THROUGH A CENTRAL ANGLE OF 03°17'49" AN ARC DISTANCE OF 47.43 FEET TO A POINT ON SAID CURVE, A RADIAL LINE THROUGH SAID POINT BEARS S. 64°31'40" E.; THENCE S. 68°05'50" E.; THENCE S. 2°08'47" E., 531.49 FEET TO A POINT ON THE SOUTHERLY LINE OF SAID LOT 2; THENCE WESTERLY ALONG SAID**

SOUTHERLY LINE S. 74°39'47" W., 398.70 FEET; THENCE N. 48°32'28" W., 394.25 FEET TO THE POINT OF BEGINNING.

NOTE: DOCUMENT NO. 941199 IS PROVIDED PURSUANT TO THE REQUIREMENTS OF SECTION 6. NRS 111.312.

NOTE: THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED JANUARY 05, 2022, IN BOOK N/A, AS INSTRUMENT NO. 2022-979361.

*[Handwritten Signature]* 12-5-22

Randall L. Ward

Date

STATE OF **NEVADA**

)

:ss.

COUNTY OF **DOUGLAS**

)

This instrument was acknowledged before me on this:

5<sup>th</sup> day of December, 2022

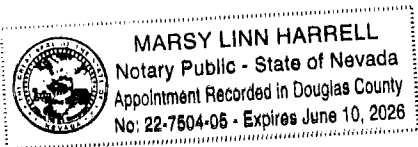
By: **Randall L. Ward, a widow**

By:

*[Handwritten Signature]* Its: *[Handwritten Signature]*

Notary Public

(My commission expires: 6-10-2026)



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

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

CASE FILE NO. /4301240

**CERTIFICATE OF DEATH**

2022020165  
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

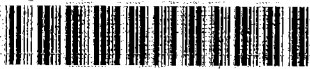
CERTIFIER

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>Denise FAST</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 17, 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 or number) <b>Home</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>71</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 MIN <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 26, 1950</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Brazil</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Randall WARD</b>	
13. SOCIAL SECURITY NUMBER <b>6585</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>REAL ESTATE AGENT</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes or No)			
16. FATHER/PARENT - NAME (First-Middle-Last-Suffix) <b>Henry FRIEDMAN</b>			17. MOTHER/PARENT - NAME (First-Middle-Last-Suffix) <b>Mary Louise MEEKS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Randall WARD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>697 Indian Trail Road Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>NITA SCHWARTZ MD</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>August 24, 2022</b>		21c. HOUR OF DEATH <b>20:53</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 24, 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>Breast Cancer With Metastasis</b>				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) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	



**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: **8/29/2022**

*John Spangler*  
STATE REGISTRAR

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

