

DOUGLAS COUNTY, NV

**2023-1000867**

Rec:\$40.00

\$40.00

Pgs=4

**09/27/2023 09:25 AM**

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: **1420-34-710-015**

Escrow No.: **23037114-SA**

Recording Requested By:  
First Centennial Title Company of Nevada  
1352 Hwy 395, Ste 114  
Gardnerville, NV 89410

When Recorded Return to:  
Deanna Jo Fine, Successor Trustee  
**1173 Mountain Park Drive**  
**Carson City, NV 89706**

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT OF DEATH OF TRUSTEE**

(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Escrow Officer

TITLE

Sherry Ackermann

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

SPACE BELOW FOR RECORDER

APN: 1420-34-710-015  
Escrow No. 23037114-SA

When Recorded Return to:  
Deanna Jo Fine, Successor Trustee of Jory Family  
Trust  
1579 Downs Drive  
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF TRUSTEE**

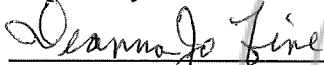
DEANNA JO FINE, FKA DEANNA JO (BRADBURY) FINE, of legal age, being duly sworn, deposes and says

That the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as LaVerne M. Jory named as one of the parties in that certain Quitclaim Deed dated September 1, 2004 executed by Laverne M. Jory and Edward E. Jory III to Jory Family Trust recorded as Instrument No. 0745760, on June 23, 2009 in Book 609 Page 7184 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 15, of Sierra View Subdivision, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on April 18th, 1960, as Document No. 15897.

Assessors Parcel No.: 1420-34-710-015

Jory Family Trust



DEANNA JO FINE, FKA DEANNA JO (BRADBURY) FINE  
Successor Trustee

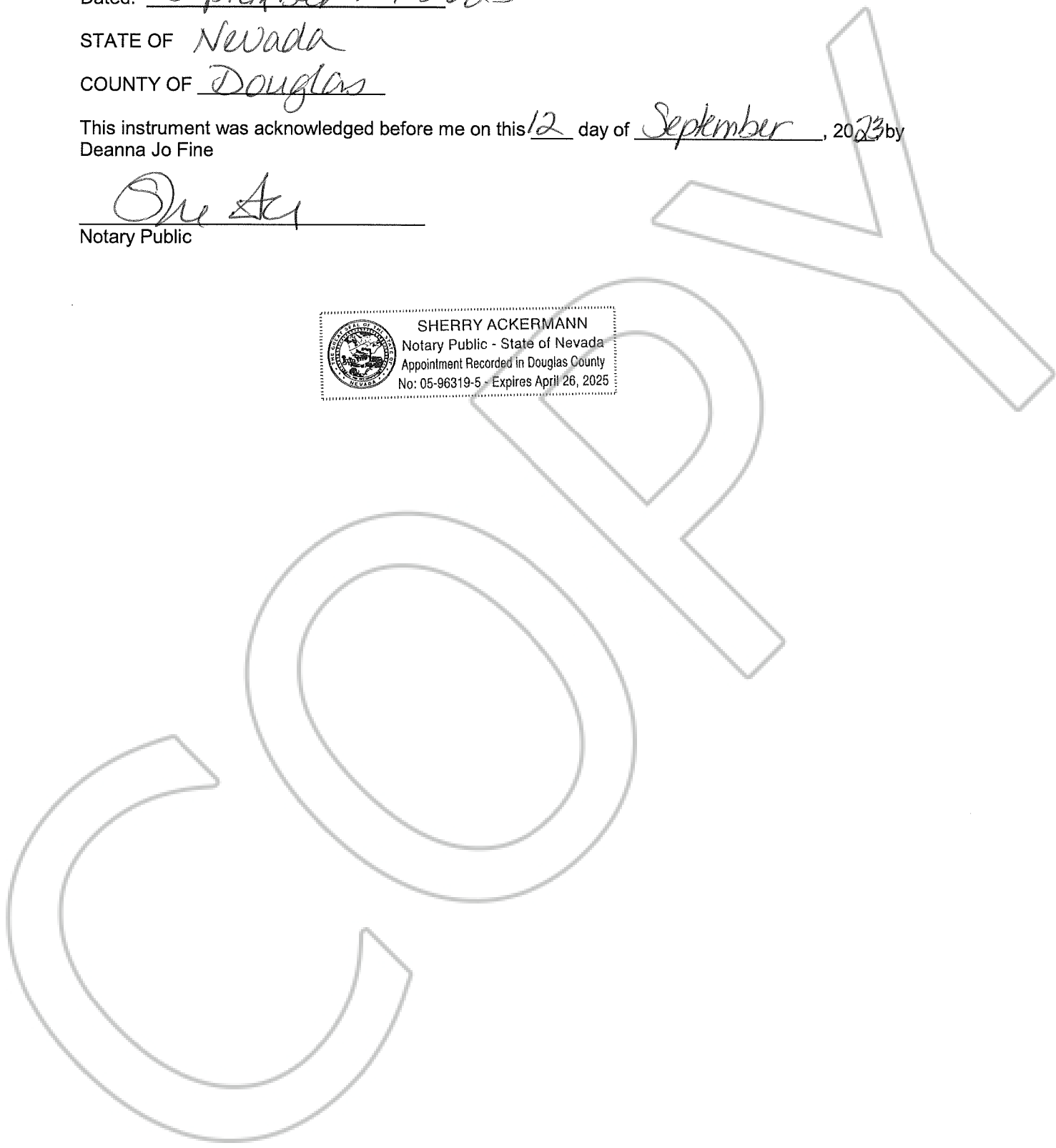
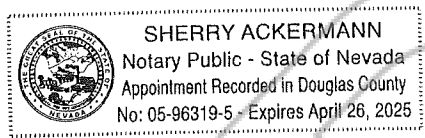
Dated: September 12, 2023

STATE OF Nevada

COUNTY OF Douglas

This instrument was acknowledged before me on this 12 day of September, 2023 by  
Deanna Jo Fine

Sherry Ackermann  
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. 4314887

**CERTIFICATE OF DEATH**

**2022026858**  
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>LaVerne Marjorie JORY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 02, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Tahoe Regional 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 MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 09, 1943</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>8876</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>PROPERTY MANAGER</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>Minden</b>	
15d. STREET AND NUMBER <b>1579 Downs Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold HEMSATH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Frankie KNOX</b>		
18a. INFORMANT - NAME (Type or Print) <b>Deanna Jo FINE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1173 Mountain Park Dr. Carson City, Nevada 89706</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</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>STEPHEN T HEWITT DO</b> 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) <b>November 14, 2022</b>		21c. HOUR OF DEATH <b>10:46</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>Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>DO1107</b>		24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 16, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death <b>Mins</b>	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute Kidney Injury</b>				Interval between onset and death <b>Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Non ST Elevation Myocardial Infarction</b>				Interval between onset and death <b>Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Adenocarcinoma Of The Colon</b>				Interval between onset and death <b>Mos</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC, SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a. 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: **11/18/2022**

*Scott Spangler*  
STATE REGISTRAR

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

