

<b>A.P.N. No.:</b>	1320-30-212-006
<b>File No.:</b>	2156861 ASK
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>When Recorded Mail To:</b>	
Kathleen Chipman Wicker	
1790 Lantana Drive	
Minden, NV 89423	

DOUGLAS COUNTY, NV	<b>2023-1001642</b>
Rec:\$40.00	
\$40.00 Pgs=4	<b>10/20/2023 02:33 PM</b>
STEWART TITLE COMPANY - NV	
SHAWNYNE GARREN, RECORDER	

(for recorders use only)

## AFFIDAVIT - DEATH OF JOINT TENANT

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

- 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: NRS 440.380(1)(A) and NRS 40.525(5)



A. Kromberg  
Print Signature

Escrow Officer

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

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<b>File No.:</b>	2156861 ASK
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>Mail Tax Statements To:</b> <i>Same as below</i>	
<b>When Recorded Mail To:</b>	
Kathleen Chipman Wicker	
1790 Lantana Drive	
Minden, NV 89423	

**AFFIDAVIT - DEATH OF JOINT TENANT**

State of Nevada                    )  
   ) ss  
 County of Washoe                )

Kathleen Chipman Wicker, of legal age, being first duly sworn, deposes and says: That Robert James Wicker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert James Wicker named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 17, 1987 executed by James M. Hickey to Robert James Wicker and Kathleen Chipman Wicker, husband and wife as joint tenants with right of survivorship as joint tenants, recorded as Document No. 151619, on March 18, 1987 in Book 387, Page 1752 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 6, in Block A, as set forth on the Map of WESTWOOD PARK UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 1, 1986, as Document 134244.

Dated:           10/20          , 2023.

Kathleen Chipman Wicker  
Kathleen Chipman Wicker

State of Nevada )  
 ) ss  
County of Washoe )

This instrument was acknowledged before me on the 20<sup>th</sup> day of October, 2023  
By: Kathleen Chipman Wicker

Signature: [Handwritten Signature]  
Notary Public



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

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

CASE FILE NO. 4228626

2021018865  
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

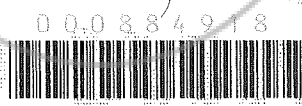
REGISTRAR

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>James Robert WICKER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 07, 2021</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 Expressions Memory Care</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 22, 1936</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Alabama</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Kathleen Ann CHIPMAN</b>	
13. SOCIAL SECURITY NUMBER <b>0494</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>NEWSPAPER</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>1790 Lantana Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Benjamin WICKER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Susie WILLIAMS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kathleen Ann Chipman WICKER</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1790 Lantana Drive Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Entombment</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mountain View Cemetery</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>DENICE PORTILLO</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</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>DOUGLAS VACEK 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>August 11, 2021</b>		21c. HOUR OF DEATH <b>03:03</b>		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) <b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>				23b. LICENSE NUMBER <b>1125</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 11, 2021</b>		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).) PART I				Interval between onset and death	
(a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Atherosclerotic Cardiovascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypertension</b> 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 1.				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	

AKA: Robert J. WICKER



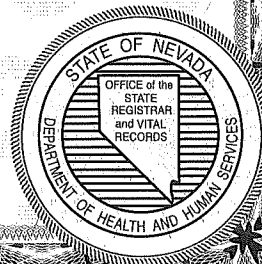
CERTIFIED COPY OF VITAL RECORDS

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: **8/12/2021**

*Blaise Satariano*  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE