

APN: 1220-24-101-015

MAIL RECORDED DOCUMENT TO:  
Connie L. Gonzales  
760 Helen Lane  
Gardnerville, NV 89410



00174340202310018800030031

SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENT TO:  
Connie L. Gonzales  
760 Helen Lane  
Gardnerville, NV 89410

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
  ) SS.  
CARSON CITY                    )

CONNIE L. GONZALES hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is one of the grantees named in the Deed recorded as Document No. 157241 of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 760 Helen Lane, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

*Being a portion of Lot 21, as shown on the official map of Ruhestroth Ranchos Subdivision, file for record in the office of the County Recorder of Douglas County, Nevada, on April 14, 1965, as twice amended, as Document No. 27706, more particularly described as follows:*

*Being all of Parcel D, as shown on the Parcel Map of Helen S. Shuler, filed for record in the office of the County Recorder of Douglas County, Nevada, on September 19, 1977, in Book 977 of Official Records, at page 1065, as Document No. 13096.*

2. MARK V. GONZALES, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 1st day of October, 2022, in the County of Washoe, State of Nevada.

3. MARK V. GONZALES and Affiant purchased the above described property as joint tenants with right of survivorship.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

Dated this 31 day of October, 2023.

*Connie L. Gonzales*  
\_\_\_\_\_  
Connie L. Gonzales

Subscribed and Sworn to before me  
this 31 day of October, 2023,  
by Connie L. Gonzales.



*Lora E. Myles*  
\_\_\_\_\_  
Notary Public

COPY

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

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

CASE FILE NO. 4309223

**CERTIFICATE OF DEATH**

2022023639  
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>Mark Vincent GONZALES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 01, 2022</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Renown Regional Medical Center</b>		3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>71</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
13. SOCIAL SECURITY NUMBER <b>6236</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>760 Helen Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Connie Lynn ROGERS</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Conception GONZALES</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Loriene Marie FITZJERRELL</b>			
18a. INFORMANT- NAME (Type or Print) <b>Connie Lynn GONZALES</b>		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>760 Helen Lane Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423</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)			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)		21c. HOUR OF DEATH		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)		23b. LICENSE NUMBER <b>15930</b>			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Laura D Knight MD 990 E Ninth St Reno, NV 89512</b>					23c. LICENSE NUMBER <b>15930</b>
24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 10, 2022</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					
(a) <b>Intracranial Hemorrhage</b> Interval between onset and death					
(b) <b>Blunt Force Trauma Of The Head</b> Interval between onset and death					
(c) <b>Ground Level Fall</b> 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. <b>Metastatic Non-Small Cell Lung Cancer; Hypertension; Type 2 Diabetes Mellitus</b>					26. AUTOPSY (Specify Yes or No) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>September 28, 2022</b>		28c. HOUR OF INJURY <b>0600</b>	
28d. DESCRIBE HOW INJURY OCCURRED <b>Ground Level Fall</b>					
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		28g. LOCATION STREET OR R.F.D No. CITY OR TOWN STATE <b>760 Helen Lane Gardnerville Nevada</b>	



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.

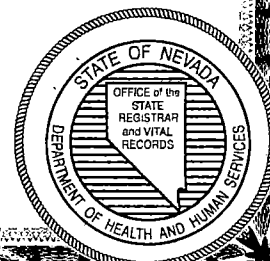
*Laura D Knight*

DATE ISSUED:

10/11/2022

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