

APN# 1420-33-410-039



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Bobbie Williams
Address: 2622 Sweet Clover Ct.
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Title of Document (required)

Please complete the Affirmation Statement below:

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)
- Military Discharge – NRS 419.020 (2)
- Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Signature

Bobbie Williams

Printed Name

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

A.P.N. No.:	1420-33-410-039
File No.:	
Recording Requested By:	
When Recorded Mail To:	
Bobbie Ruth Williams	
2622 Sweet Clover Court	
Minden, NV 89423	

(for recorders use only)

**Affidavit Death of Joint Tenant
(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 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)



Signature

Surviving Joint Tenant

Title

Bobbie Ruth Williams

Print Signature

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

A.P.N. No.:	1420-33-410-039
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Recording Requested By:	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Bobbie Ruth Williams	
2622 Sweet Clover Court	
Minden, NV 89423	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
 County of Douglas)

Bobbie Ruth Williams, of legal age, being first duly sworn, deposes and says: That John Edward Williams, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John Edwards Williams named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 08, 2000 executed by JACKIE L. AIKENS AND LUCILLE M. AIKENS, HUSBAND AND WIFE AS JOINT TENANTS to JOHN EDWARD WILLIAMS AND BOBBIE RUTH WILLIAMS, HUSBAND AND WIFE as joint tenants, recorded as Document No. 0504180, on November 30, 2000 in Book 1100, Page 6120 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

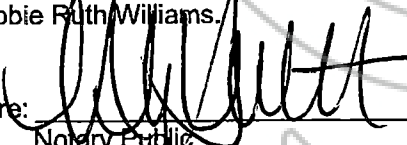
Dated: 12/8/2023, 2022.



 Bobbie Ruth Williams

State of Nevada)
) ss
 County of Douglas)

This instrument was acknowledged before me on the 8th day of December, 2023

By: Bobbie Ruth Williams.


 Notary Public


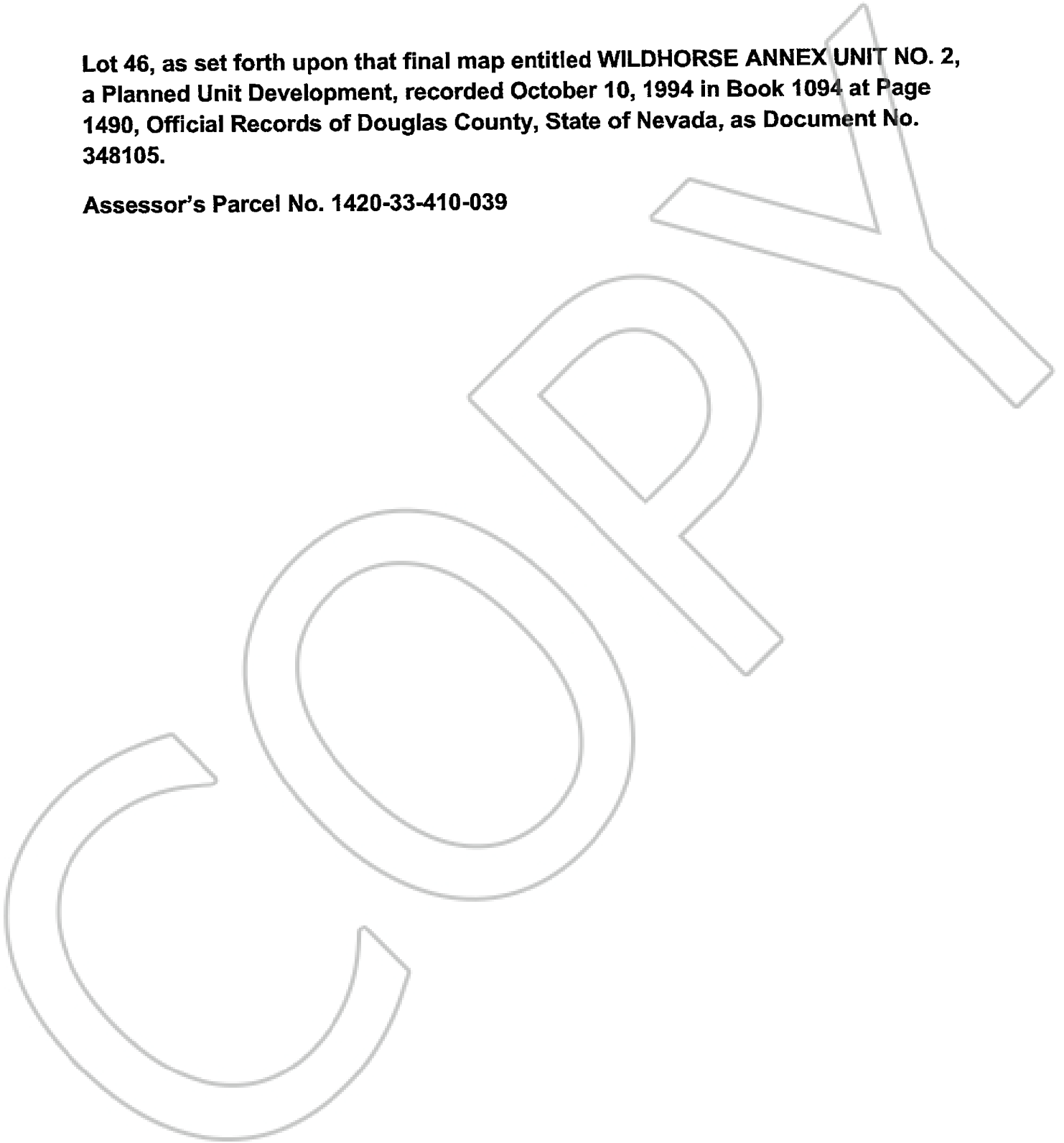
	NIKOLE WHITE Notary Public State of Nevada Appt. No. 21-7429-01 My Appt. Expires October 18, 2025
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EXHIBIT "A"

LEGAL DESCRIPTION

Lot 46, as set forth upon that final map entitled WILDHORSE ANNEX UNIT NO. 2, a Planned Unit Development, recorded October 10, 1994 in Book 1094 at Page 1490, Official Records of Douglas County, State of Nevada, as Document No. 348105.

Assessor's Parcel No. 1420-33-410-039



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009012994
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) John Edward WILLIAMS		2. DATE OF DEATH (Mo/Day/Year) September 03, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 2622 Sweet Clover Court		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 53		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 12, 1955		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Bobbie BROWN	
13. SOCIAL SECURITY NUMBER ████████-████-3357		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Production Foreman		14b. KIND OF BUSINESS OR INDUSTRY Boats	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2622 Sweet Clover Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Edward O'Neil WILLIAMS	
17. MOTHER - NAME (First Middle Last Suffix) Betty Jean HILLS		18a. INFORMANT - NAME (Type or Print) Bobbie WILLIAMS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2622 Sweet Clover Court Minden, Nevada 89423	
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 (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE LYNN BROGAN M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) September 09, 2009		21c. HOUR OF DEATH 11:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
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) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511		23b. LICENSE NUMBER 6000		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 10, 2009		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) Glioblastoma Multiforme DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II		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 WCRK (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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

291148

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.

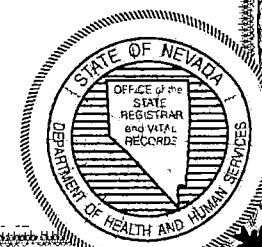
DATE ISSUED: 09/10/2009

Rud White
SIGNATURE AUTHENTICATED

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

PH-CO-10-1100

VRS-Rev-20090602



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE