

DOUGLAS COUNTY, NV

2023-993251

Rec:\$40.00

\$40.00

Pgs=4

01/18/2023 02:58 PM

TICOR TITLE - GARDNERVILLE

SHAWNYNE GARREN, RECORDER

WHEN RECORDED MAIL TO:
Michelle Lynne Koutsoudis
2533 Fremont Street
Minden, NV 89423

MAIL TAX STATEMENTS TO:
Same As Above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2204875-RLT
APN No.: 1320-02-001-068

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Michelle Lynne Koutsoudis, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Judy Ann Mirk the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Judy Mirk named as one of the Grantees in that certain Deed from Judy Ann Mirk to Michelle Lynne Koutsoudis and Judy Mirk as joint tenants recorded as Instrument No. 2015-856234, on 01/29/2015 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: 1/17/2023


Michelle Lynne Koutsoudis
Michelle Lynne Koutsoudis

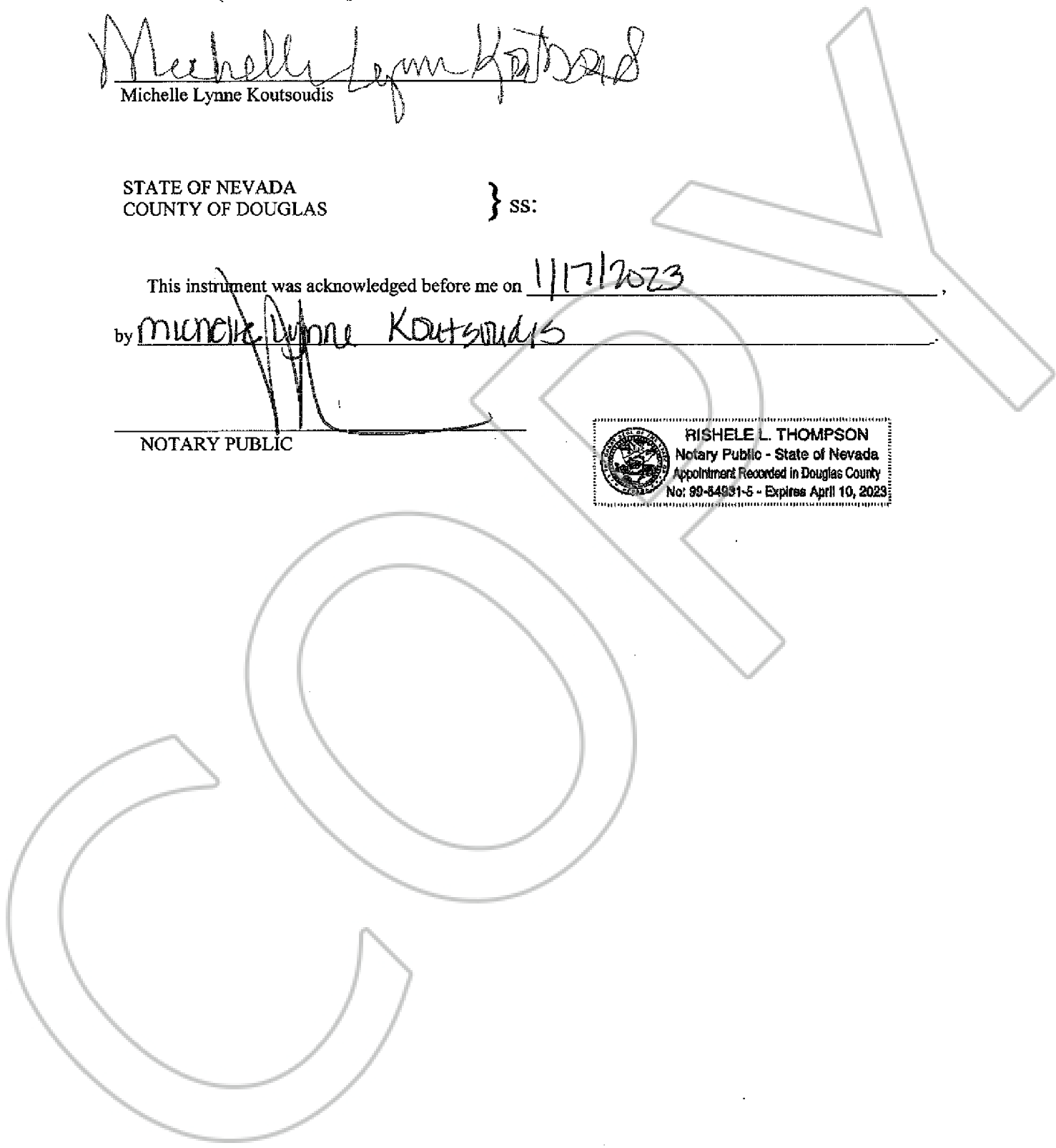
STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

This instrument was acknowledged before me on 1/17/2023
by Michelle Lynne Koutsoudis

[Signature]
NOTARY PUBLIC

 **RISHELE L. THOMPSON**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-84831-5 - Expires April 10, 2023



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4193086

CERTIFICATE OF DEATH

2021002669
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

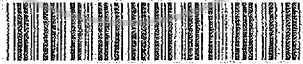
CERTIFIER

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) Judy Ann MIRK		2. DATE OF DEATH (Mo/Day/Year) January 23, 2021		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) 2533 Fremont Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
9a. STATE OF BIRTH (If not US/CA, name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER 4477		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY BANKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2533 Fremont Street		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
16. FATHER/PARENT -NAME (First Middle Last Suffix) Robert MONTAG			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Dorothy DEINES		
18a. INFORMANT-NAME (Type or Print) Michelle KOUTSOUDIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2533 Fremont Street Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DOUGLAS VACEK DO					
21b. DATE SIGNED (Mo/Day/Yr) February 02, 2021		21c. HOUR OF DEATH 12:05			
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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 03, 2021		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) Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) End Stage Chronic Obstructive Pulmonary Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Tobacco Use Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Hypertension				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 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

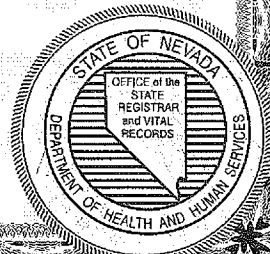
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

2/5/2021

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

Blaise Satariano
STATE REGISTRAR



Escrow No.02204875-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Parcel 3 as shown on that certain Parcel Map No. 2 for DON ROOKER, recorded in the Office of the County Recorder of Douglas County, Nevada, on April 21, 1978, in Book 478 of Official Records at Page 1254 as Document No. 19852.

APN: 1320-02-001-068

